

Print name:

Jeff Huffman

Building Permit Application

Community Development Department, Bullding Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/bib

| OFFICE USE ONLY | | |
|---------------------------|------------------------|--|
| Date Received: 11/18/2019 | Permit No.: B2019-4785 | |
| Date Issued: 1-27-19 | Ву: 🔐 | |
| | Payment Type: VISC | |

| | PE OF WORK |
|---|---|
| ☐ New construction | Demolition |
| ☑ Addition/alteration/replacement | Other: |
| CATEGOR | Y OF CONSTRUCTION |
| 1- and 2-family dwelling | ☐ Commercial/industrial |
| Accessory building | ☐ Multi-family |
| Master builder | ☐ Other: |
| JOB SITE INFO | DRMATION AND LOCATION |
| Job site address: 15575 SW Nora RD | |
| City/State/ZIP: Beaverton, OR 97007 | |
| Suite/bldg./apt. no.: | Project name: Huffman retaining wall |
| Cross street/directions to job site: 155 th | |
| Subdivision: | Lot no.: |
| Tax map/parcel no.: | |
| DESCR | RIPTION OF WORK |
| long with 65 feet at the six foot height to three feet on each end. PROPERTY OWNER | ear edge of property. Wall to be 100 feet eight and the remaining wall sloping in |
| long with 65 feet at the six foot height to three feet on each end. Property owner | eight and the remaining wall sloping in |
| long with 65 feet at the six foot height to three feet on each end. PROPERTY OWNER Name: Teresa Cortese | eight and the remaining wall sloping in |
| long with 65 feet at the six foot height to three feet on each end. PROPERTY OWNER Name: Teresa Cortese Address: 15575 SW Nora RD | eight and the remaining wall sloping in |
| long with 65 feet at the six foot height to three feet on each end. PROPERTY OWNER Name: Teresa Cortese Address: 15575 SW Nora RD City/State/ZIP: Beaverton, OR 97007 | eight and the remaining wall sloping in |
| long with 65 feet at the six foot height to three feet on each end. PROPERTY OWNER Name: Teresa Cortese Address: 15575 SW Nora RD City/State/ZIP: Beaverton, OR 97007 Phone: (503) 590-7735 | eight and the remaining wall sloping in |
| long with 65 feet at the six foot height to three feet on each end. PROPERTY OWNER Name: Teresa Cortese Address: 15575 SW Nora RD City/State/ZIP: Beaverton, OR 97007 Phone: (503) 590-7735 E-mail: | eight and the remaining wall sloping in |
| long with 65 feet at the six foot height to three feet on each end. PROPERTY OWNER Name: Teresa Cortese Address: 15575 SW Nora RD City/State/ZIP: Beaverton, OR 97007 Phone: (503) 590-7735 | eight and the remaining wall sloping in |
| long with 65 feet at the six foot hheight to three feet on each end. PROPERTY OWNER Name: Teresa Cortese Address: 15575 SW Nora RD City/State/ZIP: Beaverton, OR 97007 Phone: (503) 590-7735 E-mail: APPLICANT Business name: | eight and the remaining wall sloping in |
| long with 65 feet at the six foot hheight to three feet on each end. PROPERTY OWNER Name: Teresa Cortese Address: 15575 SW Nora RD City/State/ZIP: Beaverton, OR 97007 Phone: (503) 590-7735 E-mail: APPLICANT Business name: Contact name: Jeff Huffman | eight and the remaining wall sloping in |
| long with 65 feet at the six foot hheight to three feet on each end. PROPERTY OWNER: Name: Teresa Cortese Address: 15575 SW Nora RD City/State/ZIP: Beaverton, OR 97007 Phone: (503) 590-7735 E-mail: APPLICANT Business name: Contact name: Jeff Huffman Address: 6520 SW Wilson ave | eight and the remaining wall sloping in TENANT Fax: CONTACT PERSON |
| long with 65 feet at the six foot hheight to three feet on each end. PROPERTY OWNER Name: Teresa Cortese Address: 15575 SW Nora RD City/State/ZIP: Beaverton, OR 97007 Phone: (503) 590-7735 E-mail: Papplicant Business name: Contact name: Jeff Huffman Address: 6520 SW Wilson ave City/State/ZIP: Beaverton, OR 97007 | eight and the remaining wall sloping in TENANT Fax: CONTACT PERSON |
| long with 65 feet at the six foot hheight to three feet on each end. PROPERTY OWNER: Name: Teresa Cortese Address: 15575 SW Nora RD City/State/ZIP: Beaverton, OR 97007 Phone: (503) 590-7735 E-mail: APPLICANT Business name: Contact name: Jeff Huffman Address: 6520 SW Wilson ave City/State/ZIP: Beaverton, OR 97007 Phone: (503) 810-5876 | eight and the remaining wall sloping in TENANT Fax: CONTACT PERSON |
| long with 65 feet at the six foot hheight to three feet on each end. PROPERTY OWNER Name: Teresa Cortese Address: 15575 SW Nora RD City/State/ZIP: Beaverton, OR 97007 Phone: (503) 590-7735 E-mail: Papplicant Business name: Contact name: Jeff Huffman Address: 6520 SW Wilson ave City/State/ZIP: Beaverton, OR 97007 | eight and the remaining wall sloping in TENANT Fax: CONTACT PERSON |
| long with 65 feet at the six foot hheight to three feet on each end. PROPERTY OWNER: Name: Teresa Cortese Address: 15575 SW Nora RD City/State/ZIP: Beaverton, OR 97007 Phone: (503) 590-7735 E-mail: APPLICANT Business name: Contact name: Jeff Huffman Address: 6520 SW Wilson ave City/State/ZIP: Beaverton, OR 97007 Phone: (503) 810-5876 E-mail: icanbuildit@aol.com | eight and the remaining wall sloping in TENANT Fax: CONTACT PERSON |
| long with 65 feet at the six foot hheight to three feet on each end. PROPERTY OWNER Name: Teresa Cortese Address: 15575 SW Nora RD City/State/ZIP: Beaverton, OR 97007 Phone: (503) 590-7735 E-mail: APPLICANT Business name: Contact name: Jeff Huffman Address: 6520 SW Wilson ave City/State/ZIP: Beaverton, OR 97007 Phone: (503) 810-5876 E-mail: icanbuildit@aol.com | eight and the remaining wall sloping in TENANT Fax: Fax: Fax: |
| long with 65 feet at the six foot hheight to three feet on each end. PROPERTY OWNER: Name: Teresa Cortese Address: 15575 SW Nora RD City/State/ZIP: Beaverton, OR 97007 Phone: (503) 590-7735 E-mail: APPLICANT Business name: Contact name: Jeff Huffman Address: 6520 SW Wilson ave City/State/ZIP: Beaverton, OR 97007 Phone: (503) 810-5876 E-mail: icanbuildit@aol.com | eight and the remaining wall sloping in TENANT Fax: Fax: Fax: |
| long with 65 feet at the six foot hheight to three feet on each end. PROPERTY OWNER Name: Teresa Cortese Address: 15575 SW Nora RD City/State/ZIP: Beaverton, OR 97007 Phone: (503) 590-7735 E-mail: APPLICANT Business name: Contact name: Jeff Huffman Address: 6520 SW Wilson ave City/State/ZIP: Beaverton, OR 97007 Phone: (503) 810-5876 E-mail: icanbuildit@aol.com | eight and the remaining wall sloping in TENANT Fax: Fax: Fax: |
| long with 65 feet at the six foot hheight to three feet on each end. PROPERTY OWNER: Name: Teresa Cortese Address: 15575 SW Nora RD City/State/ZIP: Beaverton, OR 97007 Phone: (503) 590-7735 E-mail: APPLICANT Business name: Contact name: Jeff Huffman Address: 6520 SW Wilson ave City/State/ZIP: Beaverton, OR 97007 Phone: (503) 810-5876 E-mail: icanbuildit@aol.com CC Business name: Mac Concrete Address: 20362 SW Skiver | eight and the remaining wall sloping in TENANT Fax: Fax: Fax: |

Date:

11/15/19

| Permit fees* are based on the indicate the value (rounded to materials, labor, overhead, a this application. | e value of the work performed. o the nearest dollar) of all equipment, nd the profit for the work indicated on \$8500.00 |
|--|--|
| indicate the value (rounded to materials, labor, overhead, a this application. Valuation Number, of bedrooms: Number of bathrooms: Total number of floors: New dwelling area: | o the nearest dollar) of all equipment, nd the profit for the work indicated on \$8500.00 |
| Number of bathrooms: Total number of floors: New dwelling area: | |
| Number of bathrooms: Total number of floors: New dwelling area: | square feet |
| Total number of floors: New dwelling area: | square feet |
| New dwelling area: | square feet |
| | square feet |
| Garage/carport area; | |
| • , | square feet |
| Covered porch area: | square feet |
| Deck area: | square feet |
| Other structure area: | square feet |
| REQUIRED DATA: GO | OMMERCIAL-USE CHECKLIST |
| Indicate the value (rounded to | e value of the work performed. to the nearest dollar) of all equipment, and the profit for the work indicated on |
| Valuation | |
| Existing building area: | square feet |
| New building area: | square feet |
| Number of stories: | |
| Type of construction: | |
| Occupancy groups: | |
| Existing: | |
| New: | |
| | NOTICE |
| the Oregon Construction Co may be required to be licens | actors are required to be licensed with ntractors Board under ORS 701 and led in the jurisdiction in which work is cant is exempt from licensing, the |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

reference B2018-5859 For plan review Fees, Building Permit Application

Reguerten

Print name:

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
Beaverton Oregon, gov

| OFFIC | CE USE ONLY |
|-------------------------|------------------------|
| ate Received 10/08/2019 | Permit No.: B2019-4197 |
| ato Isaued: 11-26-17 | By. ML |
| | Payment Type: Chou |

| | | 1 |
|--|---|--------------------|
| ТҮРЕ | OF WORK | |
| ANew construction - 120 placing hom | □ Demolition | Pen Indi mat |
| Addition/alteration/replacement 🛘 Other: | | |
| CATEGORY O | F CONSTRUCTION | Valu |
| 🔯 1- and 2-family dwelling | ☐ Commercial/Industrial | N |
| ☐ Accessory building | ☐ Multi-femily | N |
| ☐ Master builder | Other: | Т |
| JOB SITE INFORM | ATION AND LOCATION | |
| Job sile address: 15050 SIN | Duis Rd | |
| City/State/ZIP: BEAUCY-VIV | 1 100 9 9 100 1 1 1 1 1 1 1 1 1 1 1 1 1 | G |
| Suite/bidg./apt. no.: | Project name: S. CACLES | C |
| Cross street/directions to job site: | <u>,</u> | D |
| | | 0 |
| | | |
| Subdivision: | Lot no.: | Pern |
| Tax map/parcel no.: | ar oson | mate this |
| DESCRIPTI | ION OF WORK | Valu |
| new 1332 S | f home - To | E |
| Replace 2634.5 | = 720 sq.ft nome | N |
| PROPERTY OWNER | TENANT | Т |
| Name: KODEYT SICK | les | 0 |
| Address: (5050) | Davis Rd | |
| City/State/ZIP: Security | $\Lambda = QQ = QQ00Q$ | |
| Phone: 502-710C-5745 | Fax: | |
| E-mail: Mcc. W _ bob @ | holmeil.com | |
| ☐ APPLICANT | ☑ CONTACT PERSON | All c |
| Business name: Powers Const | rudion 8 consttina | may bein |
| Contact name: Jamile Powe | 1 | follo |
| Address: 345 Edgewal | | |
| Cily/State/ZIP: Gladstone | OR 970Z1 | |
| Phone: 503 484 4011 | Fax: | ľ |
| | vers agmail.com | - |
| E-mail: jamie c Pork CONTR | | |
| Business name: POV2 | Sidiles | |
| Address: | 7 7 100 | Fees |
| City/State/ZIP: COCK 1 1/2 (177) | - HOUSING | Amo |
| | G Fax: | |
| Phone: 503 105 - C3/20 | 1.00 | Date |
| CCB IIc.: | | TI |
| Authorized signature: | | |

| REQUIRED DATA | . 1- AND 2-FA | MILY DWELLING | |
|--|--|--|--|
| Permit fees' are based on Indicate the value (rounde materials, labor, overhead this application. | d to the neares | t dollar) of all equipment, | |
| Valuation 186,573.92 | | | |
| Number, of bedrooms: | - 2 | | |
| Number of bathrooms: | 3 | | |
| Total number of floors: | 1 | | |
| New dwolling area: | 1332 | square feet | |
| Garage/carport area: | 440 | , square leet | |
| Covered porch area: | 94 | square feel | |
| Deck area: | | square feet | |
| Other structure area: | | square feet | |
| REQUIRED DATA: | COMMERCIAL | -USE CHECKLIST | |
| Permit fees" are based on indicate the value (rounder materials, labor, overhead, this application. | d to the nearest | dollar) of all equipment, | |
| Valuation | | | |
| Existing building area: | | square feat | |
| New building area: | | square feet | |
| Number of stories: | | | |
| Type of construction: | | | |
| Occupancy groups: | | | |
| Existing: | | | |
| New; | | | |
| | NOTICE | | |
| All contractors and subcon- the Oregon Construction C may be required to be licer being performed. If the app following reasons apply: | ontractors Boarsed in the juris | rd under ORS 701 and diction in which work is | |
| RUU PH | NG PERMIT F | EES. | |
| | refer to fee sch | | |
| Fees due upon application | in the soul | | |
| Amount received | | | |
| Date received: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Date: OCT 2nd 19

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755



Print name:

Matthew Bray

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD

Date Received: 10/07/2019
Date Issued: 11/07/9

Permit No.: B2019-4176

| Deaverton | General Information (503) 526 | 6-2222 V/IDD C | ΠY | OF BEAVERTON Payment Type | 9; |
|--|--|-------------------------|-------------------|---|--|
| (8 , 7 , 7 , 7 | Beaverto | onOregon.gag L | 3U[[| DING DIVISION REQUIRED DATA: 1- AND 2-F | |
| | TYPE OF WORK | | | - u.r. t based on the value of | the work performed. |
| ☐ New construction | ☐ Demolition | | - | Indicate the value (rounded to the near materials, labor, overhead, and the pro- | it for the work indicated on |
| ✓ Addition/alteration/replacement | | | | this application. | |
| | CATEGORY OF CONSTRUCTION | | | Valuation | |
| 1- and 2-family dwelling | ☑ Commercial/inc | dustrial | -{ | Number, of bedrooms: | |
| ☐ Accessory building | ☐ Multi-family | | | Number of bathrooms: | |
| ☐ Master builder | ☐ Other: | | | Total number of floors: | and the same of th |
| JOI | SITE INFORMATION AND LOCATI | ION | 4 | New dwelling area: | square feet |
| Job site address: 15005 SW | Tualatin Valley Highway | | | Garage/carport area: | square feet |
| City/State/ZIP: Beaverton | , OR 97006 | | - | Covered porch area: | square feet |
| Suite/bldg./apt. no.: | Project name: G | M Warehouse | | Deck area: | square feet |
| Cross street/directions to job site | SW Tualatin Valley Highwa | ay / SW 153rd | - | Other structure area: | square feet |
| • | • | | | REQUIRED DATA: COMMERC | IAL-USE CHECKLIST |
| | Lot no.: | | | Permit fees* are based on the value of Indicate the value (rounded to the near | f the work performed. |
| Subdivision: | ID:R50955 / Tax Lot: 1S10 | 8DD00500 | 7 | materials, labor, overhead, and the pr | ofit for the work indicated on |
| Tax map/parcel no.: Property | DESCRIPTION OF WORK | | | this application. | \$225,00 |
| | AND AND DESCRIPTION OF THE PROPERTY OF THE PRO | Il-up door locations in | | Valuation 109 5 | |
| Chain link fencing store | age (interior), (4) Existing rol e modified to increase heade | er elevation 12" above | | Existing building area: 198,5 | nge square feet |
| current location. | , Illocation to move and | | | New building area: no chai | 1- |
| Out of the contract of the con | | | elêter. | Number of stories: | |
| ☐ PROPERTY C | WNER | ☑ TEŃANT | 300 | Type of construction: | IIB sprinklere |
| Name: NIKE | | | | Occupancy groups: | S/ |
| Address: One Bowermar | Drive | | | Existing: | S/ |
| city/State/ZIP: Beaverton, | OR 97005 | | | New: | no chang |
| Phone: (503) 703-5814 | Fax: | | | NOTICE | |
| E-mail: Amelia.Kelsay@ | nike.com | | | All contractors and subcontractors at the Oregon Construction Contractors | re required to be licensed wit |
| ✓ APPLICA | | CONTACT PERSON | | i i i i i i i i i i i i i i i i i i i | STREET STREET BY THE WITH GET ALCOHOLOGIC |
| Business name: GBD Arch | itects | | _ | being performed. If the applicant is e following reasons apply: | exempt from ildentifing the |
| Contact name: Matthew B | ay | <u> </u> | _ | | • |
| Address: 1120 NW Coud | h St., Suite #300 | | _ | | |
| city/State/ZIP: Portland, C | | | _ | | |
| Phone: (503) 224-9656 | Fax: | | _ | | |
| E-mail: matthew@gbda | rchitects.com | | | BUILDING PER | MIT FEES* |
| CONTRACTOR | | | Please refer to f | 1,000,000 | |
| Business name: Mortenso | n Construction | | | Fees due upon application | \$2,353.29 |
| Address: 710 NW 14th | Ave, Suite 300 | | | | Ψ2,000.120 |
| city/State/ZIP: Portland, G | | | | Amount received | |
| Phone: (913) 297-9747 | Fax: | | | Date received: | |
| CCB IIc.: 46955 | | | | This permit application expire within 180 days after it has b | s if a permit is not obtained |
| Authorized | | | | | |
| signature: | 5 | | | * Fee methodology set by Tri- | County Building |

Date:

10/04/19

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Print name:

Amelia Kelsay

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

RECEIVED

OFFICE USE ONLY Permit No.: B2019-4477 Beaverton, OR 97076 | Date Receive 10/30/2019 /By/ Date Issued:

| VOREGON | BeavertonOregon.gg | Of FOI DEAVELTION Payment Type: | |
|---|-------------------------------|--|--|
| | Beaverton Cregon.9 | BUILDING DIVISION | |
| | TYPE OF WORK | REQUIRED DATA: 1- AND 2-FAMILY D | Street of the section of the section of the |
| ☐ New construction | ☐ Demolition | Permit fees* are based on the value of the work indicate the value (rounded to the nearest dollar |) of all equipment, |
| ☑ Addition/alteration/replacement | ☐ Other: | materials, labor, overhead, and the profit for the this application. | work indicated on |
| CATEGO | RY OF CONSTRUCTION | Valuation | |
| 1- and 2-family dwelling | ☑ Commercial/industrial | Number, of bedrooms: | |
| ☐ Accessory building | ☐ Multi-family | Number of bathrooms: | |
| ☐ Master builder | Other: | Total number of floors: | |
| JOB SITE IN | FORMATION AND LOCATION | New dwelling area: squa | are feet |
| Job site address: 13955 SW Millikan | ı Way | Garage/carport area: squa | are feet |
| City/State/ZIP: Beaverton, OR 9700 | 05 | | are feet |
| Suite/bldg./apt. no.: | Project name: | | are feet |
| Cross street/directions to job site: Betwee | en SW 141st and SW Hocken Ave | | are feet |
| | | | Agricultura de la Companya de Companya |
| | Lot no.: | REQUIRED DATA: COMMERCIAL-USE Permit fees* are based on the value of the work | |
| Subdivision: | LOCHO.: | Indicate the value (rounded to the nearest dollar materials, labor, overhead, and the profit for the | r) of all equipment, |
| Tax map/parcel no.: 1S109CD002 | | this application. | |
| DES | CRIPTION OF WORK | Valuation | 50,000 |
| Anchor package for two Jib Cra | ane Systems | Existing building area: squ | are feet |
| | | New building area: squ | are feet n/c |
| | | Number of stories: | n/c |
| ☑ PROPERTY OWNER | ☐ TENANT | Type of construction: | |
| Name: Nike, Inc. | | Occupancy groups: | |
| Address: 1 Bowerman Dr | | Existing: | |
| City/State/ZIP: Beaverton, OR 9700 | 05 | New: | n/c |
| Phone: (503) 671-6453 | Fax: | NOTICE | |
| E-mail: | | All contractors and subcontractors are required | to be licensed with |
| ☑ APPLICANT | ☐ CONTACT PERSON | the Oregon Construction Contractors Board und may be required to be licensed in the jurisdiction | der ORS 701 and |
| Business name: Nike Air MI | | being performed. If the applicant is exempt from | n licensing, the |
| Contact name: | | following reasons apply: | <u></u> |
| Address: 13630 SW Terman Rd | | | |
| City/State/ZIP: Beaverton, OR 9700 | 05 | | |
| Phone: | Fax: | | |
| E-mail: | | | |
| | CONTRACTOR | BUILDING PERMIT FEES | |
| Business name: Galifco Oregon | | Please refer to fee schedule |) |
| Address: 650 Powers St | | Fees due upon application | |
| City/State/ZIP: Eugene, OR 97402 | | Amount received (Air MI Trust) | |
| Phone: (541) 485-6927 | Fax: | Date received: | |
| CCB lic.: 74285 | | This permit application expires if a permi | t is not obtained |
| Authorized and Kg-signature: | | within 180 days after it has been accept | ed as complete |

Date:

10/29/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Lucas Miller

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

| OFFIC | E USE ONLY |
|---------------------------|----------------------|
| Date Received: 10/31/2019 | Permit No B2019-4523 |
| Date Issued: | BY |
| 11/11/2019 | Payment Type: |
| | |

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gen

| | BeavertonOregon.g@ |
|---------------------------------------|--|
| ТҮРІ | E OF WORK |
| ☐ New construction | ☐ Demolition |
| ☑ Addition/alteration/replacement | ☐ Other: |
| CATEGORY | OF CONSTRUCTION |
| ☑ 1- and 2-family dwelling | ☐ Commerciat/industrial |
| ☐ Accessory building | ☐ Multi-family |
| Master builder | Other: |
| JOB SITE INFOR | RMATION AND LOCATION |
| Job site address: 7185 SW 116th Terra | ace |
| City/State/ZIP: Beaverton, OR 97008 | |
| Suite/bidg./apt. no.: | Project name: Bennet Residence |
| Cross street/directions to job site: | |
| | |
| | Latro |
| Subdivision: | Lot no.: |
| Tax map/parcel no.: | |
| | PTION OF WORK |
| ☑ PROPERTY OWNER | ☐ TENANT |
| Name: Diana Bennet | |
| Address: 7185 SW 116th Terrace | |
| City/State/ZIP: Beaverton, OR 97008 | Fov |
| Phone: (503) 329-1587 | Fax: |
| E-mail: db97215@gmail.com | CHOOKEACT BERSON |
| | ☐ CONTACT PERSON |
| Business name: Elemental Energy | |
| Contact name: Lucas Miller | |
| Address: 1339 SE 8th Avenue Suite | ∍ B |
| City/State/ZIP: Portland, OR 97214 | |
| Phone: (715) 321-2814 | Fax: |
| E-mail: permits@elementalenergy. | net |
| GO | NTRACTOR |
| Business name: Elemental Energy | and the same of th |
| Address: 1339 SE 8th Avenue Suite | e B |
| City/State/ZIP: Portland, OR 97214 | |
| Phone: (503) 967-5786 | Fax: |
| | |
| CCB lic.: 195141 | |

Date:

10/28/19

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|------|--|---|--|
| | (113019 | Payment Type: | |
| | | A: 1- AND 2-FAMIL | |
| in | ermit fees* are based of dicate the value (round aterials, labor, overhea is application. | led to the nearest do | llar) of all equipment, |
| V | aluation | | \$5,000 |
| | Number. of bedrooms | 5: | |
| | Number of bathroom: | s: | |
| | Total number of floor | s; | |
| | New dwelling area; | \$ | square feet |
| | Garage/carport area: | | square feet |
| | Covered porch area: | | square feet |
| | Deck area: | | square feet |
| | Other structure area | | square feet |
| 18 A | | A: COMMERCIAL-U | |
| 1 | Permit fees* are based ndicate the value (roun naterials, labor, overhe his application. | ided to the nearest d | ollar) of all equipment, |
| \ | /aluation | ., | |
| | Existing building are | a. | square feet |
| L | New building area: | | square feet |
| | Number of stories: | | |
| L | Type of construction | 1: | |
| _ | Occupancy groups: | | |
| | Existing: | | |
| | New: | | |
| 18 | | NOTICE | |
| | the Oregon Construction | on Contractors Board licensed in the jurisd applicant is exempt | iction in which work is |
| | | ILDING PERMIT F ease refer to fee scho | S. 100 S. |
| | Amount received | | |
| | Date received: | | |
| . 1 | | | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001





Building Permit Application City of Beaverton

| | erior u | SE ONLY | |
|------------------------|-------------------|------------------------|---|
| Date Received: 10/03/2 | 2019 / | Permit No.: B2019-4144 | |
| | 019 | Payment Type: | _ |
| 1&2 family: Simple BEA | VERTO | Complex: | _ |

| Phone (503) 526-2403; Fax: (503) 526-2550 | | | 1 1 2 | Payment Type: | | |
|---|-------------------------|---------------------------------------|----------|---|---------------------------------------|--|
| | ww.ci.beaverton.or.us | 1&2 family: | ksYn | nor BEAVERTON Complex: | | |
| ······································ | OF WORK | <u> </u> | | DING DIVISION REQUIRED DATA: 1- AND 2-FAMILY | DWELLING | |
| ☐ New construction | ☐ Demolition | | | Permit fees* are based on the value of the v | vork performed. | |
| Addition/alteration/replacement | Other: | | 1 | Indicate the value (rounded to the nearest dequipment, materials, labor, overhead, and | ollar) of all the profit for the | |
| | OF CONSTRUCTION | | | work indicated on this application. | | |
| | ✓ Commercial/industrial | | | Valuation 25,000.00 | | |
| 1- and 2-family dwelling | Multi-family | | 1 | Number, of bedrooms: | | |
| Accessory building | Other: | | | Number of bathrooms: | | |
| Master builder | MATION AND LOCATION | | | Total number of floors: | | |
| | <u> </u> | | - | New dwelling area: square for | eet | |
| Job site address: 1240 NW 178TH AV | /tt | | - | Garage/carport area: square fi | eet | |
| City/State/ZIP: BEAVERTON OR | S L L L OLOTHOOL | ANI | - | Covered porch area: square for | eet | |
| Suite/bldg./apt, no.: | Project name: OLSEN/DOL | _AN | - | Deck area: square for | eet | |
| Cross street/directions to job site: | | · · · · · · · · · · · · · · · · · · · | - | Other structure area: square for | eet | |
| | | | | REQUIRED DATA: COMMERCIAL-US | E CHECKLIST | |
| C. I. R. I.I W(000000 | Lot no.; | | | Permit fees* are based on the value of the Indicate the value (rounded to the nearest of equipment, materials, labor, overhead, and | lollar) of all | |
| Subdivision: W306929 | LOC NO. | | 1 | work indicated on this application. Valuation | | |
| Tax map/parcel no.: 1N131BF0500 | TION OF WORK | | - | Existing building area: square f | eet . | |
| | | <u> </u> | + | | · · · · · · · · · · · · · · · · · · · | |
| REMODEL EXISTING SPACE | E REMOVE WALL BE | TWEEN | - | New building area: square f Number of stories: | | |
| KITCHEN AND LIVING ROO | M, AND WALL BETWEE | <u>EN DINING</u> | \dashv | | | |
| AND (E) KITCHEN | | · · · · · · · · · · · · · · · · · · · | - | Type of construction: | | |
| | ☐ TENANT | | - | Occupancy groups: | | |
| ☑ PROPERTY OWNER | L IENANI | | - | Existing: | | |
| Name: OLSEN/DOLAN | | ··· | - | New: | | |
| Address: 1240 NW 178TH AVE | | | - | All contractors and subcontractors are requ | ured to be | |
| City/State/ZIP: Beaverton OR | | | \dashv | licensed with the Oregon Construction Co. | ntractors Board | |
| Phone: (503) | Fax: () | | 4. | under ORS 701 and may be required to be jurisdiction in which work is being perform | licensed in the | |
| APPLICANT | CONTACT PE | RSON | - | applicant is exempt from licensing, the fol | lowing reasons | |
| Business name: MIKE MONTGOME | ? Y | | 4 | apply: | | |
| Contact name: SIMPL HOME DESIG | NS | | _ | | | |
| Address: 4931 SW 76TH AVE., PM | IB 211 | | | | | |
| City/State/ZIP: PORTLAND OR 9 | 7225 | | | BUILDING PERMIT FEE | | |
| Phone: (503) 515-6495 | Fax::(503) 719-4825 | | | Please refer to fee schedu | | |
| E-mail: mlkem@ezpermits.blz | | | | Fees due upon application | \$248.67 | |
| CON | TRACTOR | | | Amount received | | |
| Business name: B | | | _ | Date received: | | |
| Address: 15240 SE 82nd Drive | | | _ | This permit application ex | niree | |
| City/State/ZIP: Clackamas OR 970 | 15 | | | if a permit is not obtained within | n 180 days | |
| Phone: (503) 646-5376 | Fax: () | | | after it has been accepted as c | | |

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:

CCB lie.: 32734

Print name: Mike Montgomery

Date: 10/02/19

Print name:

Amelia Kelsay

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755

Phone: (503) 526-2493 Fax: (503) 526-2550 Date Issued:

Beaverton, OR 97076

DECEIVED

OFFICE USE ONLY

By://

Date Received 0/30/2019

Permit No.: B2019-4480

| OREGON | General Information (503) 526-2222 | CIT | Y OF BEAVERTON Paymen | nt Type: |
|---|------------------------------------|--------------------------|--|--|
| | BeavertonOregon.g@ L | | III DING DIVISION | |
| | TYPE OF WORK | 2002 26 20 2003 26 20 | REQUIRED DATA: 1- AN | 50 C 10 C |
| ☐ New construction | Demolition | | Indicate the value (rounded to the materials, labor, overhead, and the | nearest dollar) of all equipment, |
| ☑ Addition/alteration/replacement | ☐ Other: | Transport (Carry) | this application. | to prost to the work indicated on |
| CA | ATEGORY OF CONSTRUCTION | | Valuation | |
| ☐ 1- and 2-family dwelling | ☑ Commercial/industrial | | Number, of bedrooms: | |
| ☐ Accessory building | ☐ Multi-family | | Number of bathrooms: | |
| ☐ Master builder | ☐ Other: | | Total number of floors: | |
| JOB SI | TE INFORMATION AND LOCATION | | New dwelling area: | square feet |
| Job site address: 13955 SW Mi | llikan Way | | Garage/carport area: | square feet |
| City/State/ZIP: Beaverton, OR | 97005 | | Covered porch area: | square feet |
| Suite/bldg./apt. no.: | Project name: | | Deck area: | square feet |
| Cross street/directions to job site: Be | etween SW 141st and SW Hocken Ave | | | square feet |
| | | | Other structure area: | MERCIAL-USE CHECKLIST |
| | Lot no.: | | Permit fees* are based on the va | lue of the work performed. |
| Subdivision: | | | Indicate the value (rounded to the | e nearest dollar) of all equipment, he profit for the work indicated on |
| Tax map/parcel no.: 1S109CD0 | | | this application. | |
| | DESCRIPTION OF WORK | TENTOLES | Valuation | 34,000 |
| Anchor package for Bridge | e Crane System | - | Existing building area: | square feet |
| | | | New building area: | square feet n/o |
| | | | Number of stories: | n/o |
| PROPERTY OWN | ERTENANT | | Type of construction: | |
| Name: Nike, Inc. | | | Occupancy groups: | |
| Address: 1 Bowerman Dr | | | Existing: | |
| City/State/ZIP: Beaverton, OR | 97005 | | New: | · n/ |
| Phone: (503) 671-6453 | Fax: | | NO | TICE |
| E-mail: | | | All contractors and subcontractor | ers are required to be licensed with |
| | □ CONTACT PERSON | | the Oregon Construction Contra | ctors Board under ORS 701 and in the jurisdiction in which work is |
| Business name: Nike Air MI | , | | being performed. If the applican following reasons apply: | |
| Contact name: | | | tollowing rouserie apply. | |
| Address: 13630 SW Terman | n Rd | | | |
| City/State/ZIP: Beaverton, OF | 97005 | | | |
| Phone: | Fax: | | | |
| E-mall: | | | | |
| | CONTRACTOR | | | PERMIT FEES* |
| Business name: Galifco Orego | on | | | to fee schedule |
| Address: 650 Powers St | | | Fees due upon application | |
| City/State/ZIP: Eugene, OR 9 | 7402 | | Amount received (Air MI | Trust) |
| Phone: (541) 485-6927 | Fax: | | Date received: | |
| CCB lic.: 74285 | | | This permit application ex | oires if a permit is not obtained |
| Authorized A. K. | l | | within 180 days after it ha | s been accepted as complete |
| signature: | 3 | | * Fee methodology set by | Tri-County Building |

Date:

10/29/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

| OFFICE USE ONLY | | | | |
|--------------------------|----------------------|--|--|--|
| Date Received 11/01/2019 | Permit Nc B2019-4556 | | | |
| Date Issued: | By: {UL | | | |
| | Payment Type: // | | | |

| | YPE OF WORK |
|--|--|
| ☐ New construction | Demolition |
| ☐ Addition/alteration/replacement | Other: Solar PV System |
| CATEGO | RY OF CONSTRUCTION |
| 1- and 2-family dwelling | ☐ Commercial/industrial |
| Accessory building | ☐ Multi-family |
| ☐ Master builder | Other: |
| JOB SITE INI | FORMATION AND LOCATION |
| Job site address: 6335 SW Chestnut Ln., B | Beaverton, Oregon, 97005 |
| City/State/ZIP: | |
| Suite/bldg./apt. no.: | Project name: |
| Cross street/directions to job site: | |
| Subdivision: | Lot no.: |
| Tax map/parcel no.: 1S123AB02207 | |
| DES | CRIPTION OF WORK |
| Name: Bruce Wright | Proventon Oragon 97005 |
| <u> </u> | n., Beaverton, Oregon, 97005 |
| City/State/ZIP: | |
| E03 222 0000 | Fax: |
| Phone: 503-332-0099 | Fax: |
| Phone: 503-332-0099 E-mall:lauraperkins@comca | ast.net |
| Phone: 503-332-0099 E-mall: auraperkins@comca | ast.net |
| Phone: 503-332-0099 E-mall: auraperkins@comca Phone: 503-332-0099 E-mall: auraperkins@comca Phone: 503-332-0099 E-mall: auraperkins@comca Phone: 503-332-0099 E-mall: auraperkins@comca Phone: 503-332-0099 | ast.net |
| Phone: 503-332-0099 E-mall: auraperkins@comca APPLICANT Business name: Blue Raven Solar Contact name: Hannah Webb | contact person |
| Phone: 503-332-0099 E-mall: auraperkins@comca APPLICANT Business name: Blue Raven Solar Contact name: Hannah Webb Address: 1403 North Research | contact person |
| Phone: 503-332-0099 E-mall: auraperkins@comca APPLICANT Business name: Blue Raven Solar Contact name: Hannah Webb Address: 1403 North Research City/State/ZIP: Orem, UT 84097 | contact person |
| Phone: 503-332-0099 E-mall: auraperkins@comca APPLICANT Business name: Blue Raven Solar Contact name: Hannah Webb Address: 1403 North Research City/State/ZIP: Orem, UT 84097 Phone: 385-482-0045 | CONTACT PERSON LLC Way Fax: |
| Phone: 503-332-0099 E-mall: auraperkins@comca APPLICANT Business name: Blue Raven Solar Contact name: Hannah Webb Address: 1403 North Research City/State/ZIP: Orem, UT 84097 | Sontact person LLC Way Fax: |
| Phone: 503-332-0099 E-mall: auraperkins@comca APPLICANT Business name: Blue Raven Solar Contact name: Hannah Webb Address: 1403 North Research City/State/ZIP: Orem, UT 84097 Phone: 385-482-0045 E-mall: permitting.department@ | CONTRACTOR |
| Phone: 503-332-0099 E-mall: auraperkins@comca Phone: APPLICANT Business name: Blue Raven Solar Contact name: Hannah Webb Address: 1403 North Research City/State/ZIP: Orem, UT 84097 Phone: 385-482-0045 E-mall: permitting.department@ | CONTACT PERSON LLC Way Fax: ©blueravensolar.com CONTRACTOR ar LLC |
| E-mail: lauraperkins@comca Business name: Blue Raven Solar Contact name: Hannah Webb Address: 1403 North Research City/State/ZIP: Orem, UT 84097 Phone: 385-482-0045 E-mail: permitting.department@ Business name: Blue Raven Sola Address: 1403 North Research | CONTACT PERSON LLC Way Fax: ©blueravensolar.com CONTRACTOR ar LLC |
| E-mail: auraperkins@comca APPLICANT | CONTACT PERSON LLC Way Fax: ©blueravensolar.com CONTRACTOR ar LLC |
| Phone: 503-332-0099 E-mall: auraperkins@comca APPLICANT Business name: Blue Raven Solar Contact name: Hannah Webb Address: 1403 North Research City/State/ZIP: Orem, UT 84097 Phone: 385-482-0045 E-mall: permitting.department@ Business name: Blue Raven Sola Address: 1403 North Research City/State/ZIP: Orem, UT 84097 Phone: 385-482-0045 | CONTACT PERSON LLC Way Fax: ©blueravensolar.com CONTRACTOR ar LLC Way |
| Phone: 503-332-0099 E-mall: auraperkins@comca APPLICANT Business name: Blue Raven Solar Contact name: Hannah Webb Address: 1403 North Research City/State/ZIP: Orem, UT 84097 Phone: 385-482-0045 E-mall: permitting.department@ Business name: Blue Raven Solar Address: 1403 North Research City/State/ZIP: Orem, UT 84097 Phone: 385-482-0045 CCB CC | CONTACT PERSON LLC Way Fax: ©blueravensolar.com CONTRACTOR ar LLC Way |
| Phone: 503-332-0099 E-mall: auraperkins@comca APPLICANT Business name: Blue Raven Solar Contact name: Hannah Webb Address: 1403 North Research City/State/ZIP: Orem, UT 84097 Phone: 385-482-0045 E-mall: permitting.department@ Business name: Blue Raven Sola Address: 1403 North Research City/State/ZIP: Orem, UT 84097 Phone: 385-482-0045 | CONTACT PERSON LLC Way Fax: ©blueravensolar.com CONTRACTOR ar LLC Way |

| Fayment type. / | // |
|---|---------------------------------------|
| REQUIRED DATA: 1- AND 2-FAMIL | |
| Permit fees* are based on the value of the w Indicate the value (rounded to the nearest do materials, labor, overhead, and the profit for this application. | allar) of all equipment. |
| Valuation \$15,315 | |
| Number, of bedrooms: | |
| Number of bathrooms: | |
| Total number of floors: | |
| New dwelling area: | square feet |
| Garage/carport area: | square feet |
| Covered porch area: | square feet |
| Deck area: | square feet |
| Other attackare areas | square feet |
| REQUIRED DATA: COMMERCIAL-L | |
| Permit fees* are based on the value of the Indicate the value (rounded to the nearest of materials, labor, overhead, and the profit for this application. | ioliari of all equiprilerit. 🕕 |
| Valuation | |
| Existing building area: | square feet |
| New building area: | square feet |
| Number of stories: | |
| Type of construction: | |
| Occupancy groups: | wer was |
| Existing: | |
| New: | |
| NOTICE | |
| All contractors and subcontractors are req the Oregon Construction Contractors Boar may be required to be licensed in the juris being performed. If the applicant is exemp following reasons apply: | diction in which work is |
| BUILDING PERMIT I | and the second second |
| Fees due upon application | T \$207.20 |
| Amount received | · |
| | <u></u> |
| Date received: | · · · · · · · · · · · · · · · · · · · |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

10/30/2019

Approved

DECEIVED

Date Receiv

Date Issued

OFFICE USE ONLY



☐ New construction

☐ Addition/alteration/replacement

Job site address: 15205 SW Moraine Ct City/State/ZIP: Beaverton, OR 97007

Tax map/parcel no.: 1S129DC 03000

PROPERTY OWNER

Name: George & Kay Sherman Address: 15205 SW Moraine Ct City/State/ZIP: Beaverton, OR 97007

E-mail: gosherman@comcast.net

Contact name: Ritchie Cameron Address: 17875 SE 82nd Dr

City/State/ZIP: Gladstone, OR 97027

E-mail: ritchc@classicpoolandspa.com

city/State/ZIP: Beaverton, OR 97007

Business name: Classic Pool Spa and Hearth

Ritchie Cameron

☑ APPLICANT Business name: Classic Pool Spa and Hearth

Phone: (503) 524-3435

Phone: (503) 656-0021

Address: 17875 SE 82nd Dr

Phone: (503) 656-0021

CCB lic.: 60675 Authorized signature:

Print name:

1- and 2-family dwelling

☐ Accessory building

Suite/bldg./apt. no.:

application form.

Subdivision:

Cross street/directions to job site:

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

□ Demolition

☐ Multi-family

Project name:

Lot no.:

Fax:

CONTRACTOR

DESCRIPTION OF WORK

Install ASTM F1346-91 compliant powered safety cover in place of any other barriers (fences) as per attached Alternate Means and Methods

Commercial/industrial

TYPE OF WORK

CATEGORY OF CONSTRUCTION

JOB SITE INFORMATION AND LOCATION

BeavertonOregon.gom

☑ Other: swimming pool barrier

☑ Other: swimming pool barrier

☐ TENANT

CONTACT PERSON

Fax: (503) 723-0924

Fax: (503) 723-0924

Date:

10/08/19

| (| 0/9/2019 | Permit No.: B2019-4223 |
|---------|---|--|
| _ | <u>-4-19</u> | By: 11h |
| (| OF BEAVERTON | Payment Type: VISA |
| _ | DING DIVISION REQUIRED DAT | A: 1- AND 2-FAMILY DWELLING |
| lr n | Permit fees* are based or | on the value of the work performed. ded to the nearest dollar) of all equipment, ad, and the profit for the work indicated on |
| _ | /aluation | \$13,50 |
| | Number, of bedrooms | s: |
| | Number of bathroom | S. |
| | Total number of floor | s: |
| _ | New dwelling area: | square feet |
| | Garage/carport area | square feet |
| _ | Covered porch area: | square feet |
| _ | Deck area: | square feet |
| | Other structure area | The second secon |
| | | A: COMMERCIAL-USE CHECKLIST |
| | Indicate the value frour | on the value of the work performed, ided to the nearest dollar) of all equipment ead, and the profit for the work indicated or |
| _ | Valuation | |
| | Existing building are | a: square feet |
| | New building area: | square feet |
| | Number of stories: | - Annual |
| | Type of construction | 1: |
| | Occupancy groups: | |
| | Existing: | |
| | New: | |
| | the Oregon Constructi | NOTICE contractors are required to be licensed woon Contractors Board under ORS 701 and licensed in the jurisdiction in which work is |
| | being performed. If the following reasons app | applicant is exempt from licensing, the |
| | | |
| | В | ILDING PERMIT FEES" |
| t | Pl | ease refer to fee schedule |
| | = 1 | ation |
| | Fees due upon applic | |
| | Amount received | |

REV 2/14

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

LECTRONIC SUB MAINTEND Permit Application SEE I:/BLDG DIV WG+Bunity Development Department

Beaverton

Building Division

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

Enterprise Carwash Bldg

| OFFICE USE ONLY | | | | | |
|-------------------------|------------------------|--|--|--|--|
| Date Receive 06/05/2019 | Permit No.: B2019-2416 | | | | |
| Date Issued: LANG | BY | | | | |
| CITY OF BEAVERTON | Payment Type: | | | | |

| | BeavertonOtegon:30v | RH | 11 | NAIC IDIVIOLES | |
|--------------------------------------|---------------------------------------|--|-------|---|---|
| TYPE C | F WORK | الي لي | la la | DING DIVISION REQUIRED DATA: 1- AND 2-FAMILY DW | ELLING |
| New construction | New construction | | | Permit fees* are based on the value of the work pe indicate the value (rounded to the nearest dollar) o | rformed. f all equipment, |
| ☐ Addition/alteration/replacement | ☐ Other: | · · · · · · · · · · · · · · · · · · · | | materials, labor, overhead, and the profit for the wo | irk indicated on |
| CATEGORY OF | CONSTRUCTION | ***** | | Valuation | |
| 1- and 2-family dwelling | Commercial/industrial | | | Number. of bedrooms: | *************************************** |
| ☐ Accessory building | ☐ Multi-family | | | Number of bathrooms: | |
| ☐ Master builder | ☐ Other: | | | Total number of floors: | <u> </u> |
| JOB SITE INFORMA | TION AND LOCATION | | | New dwelling area: square | feet |
| Job site address: 4050 5W | MURRAY BIVD | | | Garage/carport area: square | feet |
| City/State/ZIP: BENJERTON OR | | | | Covered porch area: square | feel |
| Suite/bldg./apt. no.: | Project name: | | | Deck area: square | feet |
| Cross street/directions to job site: | | | | Other structure area: square | |
| | | | | REQUIRED DATA: COMMERCIAL-USE CH | |
| Subdivision: | Lot no.: | | | Permit fees* are based on the value of the work pe | erformed. |
| Tax map/parcel no.: | | | - | indicate the value (rounded to the nearest dollar) or materials, labor, overhead, and the profit for the wo this application. | f all equipment, ork indicated on |
| DESCRIPTION | ON OF WORK | ···· | - | Valuation \$60,00 | <u></u> |
| NEW ZOX40 META | 2006 FOR MAND | | | Existing building area: square | |
| CAR WASHING | | | | New building area: 800 square | feet |
| CAC WIGHTER. | · · · · · · · · · · · · · · · · · · · | | | Number of stories: | |
| PROPERTY OWNER | TENANT | | | Type of construction: V-B | -11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- |
| Name: EHTERPERSE HORT |), H53 | | | Occupancy groups: | |
| Address: 4050 SW MUZ | RAY BLID. | | | Existing: Fl. M | |
| City/State/ZIP: BEAUERTON, O | 2 | | | New: F(| |
| Phone: 503 612 8111 | Fax: | | | NOTICE | |
| E-mail: AVA. JOURETTEBE | Hi. con | | | All contractors and subcontractors are required to | be licensed with |
| APPLICANT | ☐ CONTACT PERSON | | | the Oregon Construction Contractors Board under may be required to be licensed in the jurisdiction in | ORS 701 and |
| Business name: DHS ARCHIT | EZB | | | being performed. If the applicant is exempt from life following reasons apply: | ensing, the |
| Contact name: Dave Spire | <u> </u> | | 4 | | |
| Address: 2325 HE 19711 | AUE | | - | | |
| City/State/ZIP: PCZTLANO OI | 297212 | | _ | | |
| Phone: 503 335 9040 | Fax: | | 4 | | |
| E-mail: DAVE CDMSARCHITE | | ······································ | 4 | BUILDING PERMIT FEES* | |
| CONTR | | | - | Please refer to fee schedule | |
| Business name: HW Cortst | PUCTION SERVICES | | - | | |
| Address: | | | - | Fees due upon application | |
| City/State/ZIP: | · · · · · · · · · · · · · · · · · · · | | - | Amount received | |
| Phone: 503790 1400 | Fax: | ··- | - | Date received: | |
| CCB lic.: 173576 | | | ١ | This permit application expires if a permit is within 180 days after it has been accepted | |
| Authorized Kelly O. Brusn | | | _ | * Fee methodology set by Tri-County Build | - |
| Print name: KELLY O'BRIE | 14 Date: 5.31,15 | | | Industry Service Board | . 3 |

Form B70-1001



Print name:

Clifford Barry

Community Development Department
Bullding Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

| DECEM | | |
|------------------------|-----------------------|--|
| OFFICE | USE ONLY | |
| Date Received /01/2019 | Permit No. B2019-4554 | |
| Date Issued: | BY:/- | |
| CITY OF BEAVERTON | Payment Type: | |

| OREGON GEN | BeavertonOregon.gov | CITY OF | BEAVE | RTON Payment | | |
|--|--|----------------------|-------------|--|---|---------------------------------------|
| TVDE | of Work | + BUIL DI | NG DIKE | SURPO DATA: 1- AND | 2-FAMILY DWEI | LLING |
| | ☐ Demolition | 1 | Permit fee | es* are based on the valu- ne value (rounded to the r | e of the work pend | omiea. j |
| New construction | Other: | | materials, | labor, overhead, and the | profit for the work | indicated on |
| Addition/alteration/replacement | F CONSTRUCTION | | this applic | ation. | | |
| | Commercial/industrial | | | | | |
| ☑ 1- and 2-family dwelling | | | | er, of bedrooms; | | |
| Accessory building | ☐ Multi-family | | | er of bathrooms: | | |
| Master builder | Other: | | Total n | umber of floors: | | |
| | ATION AND LOCATION | | New d | welling area: | square fe | et . |
| Job site address: 14090 SW Barlow Coul | 1 | | Garage | e/carport area: | square fe | et |
| city/State/ZIP:Beaverton OR, 97008 | | | Covere | ed porch area: | square fe | et . |
| Suite/bldg./apt. no.: | Project name: Day | | Deck a | ırea: | square fe | eet |
| Cross street/directions to job site: | | | Other | structure area: | square fe | eet |
| * | | | RE | QUIRED DATA: COMME | ERCIAL-USE CHE | CKLIST |
| Subdivision: | Lot no.: | | Permit fee | es* are based on the valu | ue of the work perf | formed. |
| Tax map/parcel no.: | | | materials | he value (rounded to the , labor, overhead, and the | e profit for the wor | k indicated on |
| | ION OF WORK | | this applic | | | |
| Adding 5.89 kW Roof Top Solar PV | System | | Valuation | | | in a t |
| Adding 5.55 kW floor rep cold | -, | | Existin | ng building area: | square f | |
| | | | New b | ouilding area: | square f | eet |
| | | | Numb | er of stories: | | · · · · · · · · · · · · · · · · · · · |
| | ☐ TENANT | | Туре | of construction: | | |
| Name:Alex Day | | | Occup | pancy groups: | | |
| Address:14090 SW Barlow Court | | | ε | xisting: | | |
| city/State/ZIP:Beaverton OR. 97008 | - | | N | lew: | | |
| Phone:(503) 209-2053 | Fax: | | | NO1 | ICE | |
| E-mail:day9885@gmail.com | | | Ali contre | actors and subcontractor | s are required to b | e licensed with |
| □ APPLICANT | ☐ CONTACT PERSON | 38.60 | the Oreg | on Construction Contrac | tors Board under (the jurisdiction in | ORS 701 and which work is |
| Business name:Premier Solar NW | | | being pe | erformed. If the applicant preasons apply: | is exempt from lice | ensing, the |
| Contact name:Bob Rathbone | | | lollowing | , rodono appiyi | | |
| Address:12399 NW Waker Dr. | | | | | | |
| City/State/ZIP: Portland, OR. 97229 | | | | | | |
| Phone:(503) 704-5210 | Fax: | | | | • | |
| E-mail:rrathbone@premiersolarnw.c | om | | | | | |
| | RACTOR | | 9.36 (2) (2 | BUILDING P | ERMIT FEES* | |
| Business name: Premier Solar NW | | | | Please refer t | to fee schedule | |
| Address:12399 NW Waker DR. | | | Fees du | e upon application | \$207 | '.20 |
| City/State/ZIP: Portland, OR. 97229 | NAME OF TAXABLE PARTY O | | Amount | received | | |
| Phone:(503) 828-9500 | Fax: | | Date red | ceived: | | |
| CCB lic.:218826 | | | T | permit application expi | ires if a normit is | not obtained |
| Authorized signature: Addison Delicary | | | with | hin 180 days after it has | s been accepted a | as complete |

Date: 9/25/19

09/25/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

| f* | | IVEU | |
|---------------|-------|---------|------------------------|
| | | OFFICE | USE ONLY |
| Date Received | /28 | /2019 | Permit No.: B2019-4436 |
| Date Issued: | 115 | 13019 | (4·C) |
| CITY | OF BE | AVERTO | Wayment Type: |
| BUIL | DING | DIVISIO | V |
| . Property 1 | | | |

| O. B. F. G. D. H. | Reguerter Oragon dov | | OF BEAVER 10 Nayment Ty | pe: |
|---|--|---------|--|---|
| | BeavertonOregon.gov L | BUI | LDING DIVISION | FARE V DUFFE LINE |
| | PE OF WORK | | REQUIRED DATA: 1- AND 2- Permit fees* are based on the value of | |
| ☐ New construction | ☐ Demolition | | Indicate the value (rounded to the nea materials, labor, overhead, and the pr | arest dollar) of all equipment, |
| Addition/alteration/replacement | Other: | | this application. | Olit for the work indicated on |
| CATEGORY | OF CONSTRUCTION | | Valuation 35 00 |) |
| ☑ 1- and 2-family dwelling | ☐ Commercial/Industrial | | Number, of bedrooms: | |
| ☐ Accessory building | ☐ Multi-family | | Number of bathrooms: | |
| ☐ Master builder | ☐ Other: | | Total number of floors: | |
| JOB SITE INFO | RMATION AND LOCATION | | New dwelling area: | square feet |
| Job site address: 12975 SW DAV | ies Ro | | Garage/carport area: 624 | square feet |
| Cliy/State/ZIP: BEAVERTON | OR 97008 | | Covered porch area: | square feet |
| Suite/bldg /apt. no.: | Project name: | | Deck area: | square feet |
| Cross street/directions to job site: | | | | square feet |
| | | | Other structure area: | |
| | | | REQUIRED DATA: COMMERC | |
| Subdivision: | Lot no.; | | Indicate the value (rounded to the ne- materials, labor, overhead, and the pi | arest dollar) of all equipment, |
| Tax map/parcel no.: | ATION OF WORK | | this application. | Official and thought and an arrangement of the second |
| 그는 사람들이 하는 사람들이 되는 것이 가장 한 것들이 없는 사람들이 하는 것이다면, 나는 사람들이 사람들이 가장 함께 본다는 사람들이 | IPTION OF WORK | C. ec. | Valuation | · · · · · · · · · · · · · · · · · · · |
| KEBNILD/REPLACE 17 | REDAMAGED CARPORI. | e Beams | Existing building area: | square feet |
| & RAFTERS, BOOK SHEA | THING & ROOFING MOTER | IALI | New building area: | square feet |
| MATCH(E) CARPORT SI | REDAMAGED CARPORT, ? PIER FOUNDATIONS, PLACE THING & ROOFING MATER ZE & LOCATION | | Number of stories: | |
| PROPERTY OWNER | ☐ TENANT | | Type of construction: | 444 |
| Name: MKE MCGRA | | | Occupancy groups: | |
| Address: 12925 6W DAV! | es Rd | | Existing: | |
| City/State/ZIP: BEAVERTON | , OR 97008 | | New: | |
| Phone: | Fax: | | NOTICE | |
| E-mail: | | | All contractors and subcontractors ar | e required to be licensed with |
| APPLICANT | CONTACT PERSON | | the Oregon Construction Contractors may be required to be licensed in the | Board under ORS 701 and a hurisdiction in which work is |
| Business name: JAS ENGI | NEERING | | being performed. If the applicant is e following reasons apply: | xempt from licensing, the |
| Contact name: ANON STE | MBER | | | |
| Address: 1419 WASH | NGTON ST | | | |
| City/State/ZIP: ORBGON CIT | 4, OR 97045 | | | |
| Phone: (503) 657-9800 | Fax: | | | |
| E-mail: andy@lasen | ginc, com | | | |
| co | NTRACTOR | | BUILDING PERI | |
| Business name: Mc BRIDE | Contst | | Please refer to fe | e schedule |
| Address: | | | Fees due upon application | |
| City/State/ZIP: | | | Amount received | |
| Phone: | Fax: | | Date received: | |
| CCB No.: 59196 0 | | | This permit application expires | if a permit is not obtained |
| Authorized signature: | tinhes | | within 180 days after it has be | en accepted as complete |

Date:

Print name:

Fee methodology set by Tri-County Building industry Service Board

Form B70-1001



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550

| OFFICE (| JSE ONLY |
|------------------------|---------------------------|
| Date Received: 11-5-19 | Permit No.: B 2019 - 4586 |
| Date Issued: 11-5-19 | By: 102 |
| | Payment Type: // |

| I beaverion From | General Information (503) 526-2222 | Date issued: 11-5-17 by. 10 |
|--|------------------------------------|---|
| A CONTRACTOR OF THE STATE OF TH | Beaverton Oregon.gov | Payment Type: M.C. |
| | YPE OF WORK | REQUIRED DATA: 1- AND 2-FAMILY DWELLING |
| ☐ New construction | ☐ Demolition | Permit fees' are based on the value of the work performed. indicate the value (rounded to the nearest dollar) of all equipment, |
| Addition/alteration/replacement | ☐ Other; | materials, labor, overhead, and the profit for the work indicated on this application. |
| CATEGO | RY OF GONSTRUCTION | Valuation |
| 1- and 2-family dwelling | Commercial/industrial | Number, of bedrooms: |
| Accessory building | ☐ Multi-family | Number of bathrooms: |
| ☐ Master builder | ☐ Olher: | Total number of floors: |
| JOB SITE INF | ORMATION AND LOCATION | New dwelling area; square feet |
| Job site address: 11-18-31 | SW Teal | Garage/carport area: square leet |
| City/State/ZIP: TRONEY TOY |) OC | |
| Sulte/bidg./apt. no.: | Project name: Murray 1111 | Covered porch area: square feet |
| Cross street/directions to job site: | Hospit | Deck area: square feet |
| | to the second | Office structure area. |
| | 1 | REQUIRED DATA: COMMERCIAL-USE CHECKLIST |
| Subdivision: | Lot no.: | Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment. |
| Tex map/parcel no.: | | materials, labor, overhead, and the profit for the work indicated on this application. |
| | RIPTION OF WORK | Valuation 13,2 00 00 |
| Tenant Im | photement | Existing building area: square feet |
| | ` | New building area: square feet |
| | • | Number of stories: \ |
| ☐ PROPERTY OWNER | E TENANT | Type of construction: +enant improvemen |
| Name: Muxrauky) | Veterinary Hospital | Occupancy groups: |
| Address: (483) 514 | TRAIL | Existing: |
| City/State/ZIP: アスクンとメインで |) OV | New: |
| Phone: | Fax | NOTICE |
| E-mail: | | All contractors and subcontractors are required to be licensed with |
| SAPPLICANT | ☐ CONTACT PERSON | the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is |
| Business name: TY COW | munications | being performed. If the applicant is exempt from licensing, the |
| | shaw | following reasons apply: |
| Address: PO Box 8 | 7387 | |
| City/State/ZIP: Vanc. Wa. | 98687 | |
| Phone: 3160-737-9785 Fax: | | |
| E-mail: Office @ +1 - communications.com | | |
| | ONTRACTOR | BUILDING PERMIT FEES* |
| Business name: T+L Communications | | Please refer to fee schedule |
| Address: PO Rex 87387 | | Fees due upon application 5 232.37 |
| City/State/ZIP: Vanc. Wa. 98687 | | Amount received |
| Phone: 360-737-9725 | Fax: | Date received: |
| COB IC: LATAT | 1 | This would would not be a sould be not absoluted |
| Authorized | | This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete |
| signature: | | 7. Co., b D 0.0 |

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Beaverton

signature: Print name:

Mark Spiegelberg

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 RECEIVED

OFFICE USE ONL

| | OFFICE | OOL ONL |
|----------------|-------------|------------------------|
| Date Received: | 1/1/2019 | Permit No.: B2019-4045 |
| Date Issued: | 1-0-19 | By: M |
| CITY | OF BEAVERTO | Payment Type: Mile |

| | BeavertonOregon.gov | BU | ILDING DIVISION | The state of the s |
|---|--|--|--|--|
| TYP | E OF WORK | | REQUIRED DATA: 15 AN | |
| ☑ New construction | ☐ Demolition | | Permit fees* are based on the val indicate the value (rounded to the | nearest dollar) of all equipment, |
| ☐ Addition/alteration/replacement | ☐ Other: | | materials, labor, overhead, and the this application. | e profit for the work indicated on |
| CATEGORY | OF CONSTRUCTION | | Valuation | \$2880 |
| 1- and 2-family dwelling | ☑ Commercial/industrial | | Number. of bedrooms: | |
| ☐ Accessory building | ☐ Multi-family | | Number of bathrooms: | |
| ☐ Master builder | ☑ Other: Tenant Improvemen | nt . | Total number of floors: | |
| JOB/SITE INFOR | RMATION AND LOCATION | | New dwelling area: | square feet |
| Job site address: 11350 SW Canyon R | oad | | Garage/carport area: | square feet |
| City/State/ZIP: Beaverton OR 97005 | | | Covered porch area: | square feet |
| Suite/bidg./apt. no.: | Project name: The Barbers | | Deck area: | square feet |
| Cross street/directions to job site: Fred Mey | er parking lot - NE | | Other structure area: | square feet |
| Canyon F | Road and 217 | | | ERCIAL-USECHECKLIST |
| Subdivision: | Lot no.: | | Permit fees* are based on the va | lue of the work performed. |
| Tax map/parcel no.: | | | Indicate the value (rounded to the materials, labor, overhead, and to | e nearest dollar) of all equipment, |
| | PTION OF WORK | | this application. | |
| The off English and State | NOOTE CONTRACTOR OF THE PROPERTY OF THE PROPER | SACTOR CONTRACTOR | Valuation | |
| Building Tenant Improvements fo | r a barber snop. | | Existing building area: | square feet |
| | | | New building area: | square feet 110 |
| | | 22.500 HAVO NEVIOVE | Number of stories: | |
| PROPERTY OWNER | ☑ TENANT | 100 | Type of construction: | V- |
| Name: Spiegs Barbers, LLC dba TI | ne Barbers | | Occupancy groups: | |
| Address: 11350 SW Canyon Road | | | Existing: | |
| City/State/ZIP: Beaverton OR 97005 | | | New: | ß, |
| Phone: (360) 772-1389 | Fax: | | No | TICE |
| E-mail: Spiegsbarbers@comcast.n | | | All contractors and subcontractor | ers are required to be licensed wit |
| ☑ APPLICANT | ☐ CONTACT PERSO | Nicker | may be required to be licensed | ctors Board under ORS 701 and in the jurisdiction in which work is |
| Business name: Spiegs Barbers LLC, | dba The Barbers | | being performed. If the applican following reasons apply: | t is exempt from licensing, the |
| Contact name: Mark Spiegelberg | | | | |
| Address: 17511 NE 34th ST | , | | | |
| city/State/ZIP: Vancouver WA 98682 | 2 | | | |
| Phone: (360) 772-1389 | .Fax: | | | |
| E-mail: spiegsbarbers@comcast.ne | | 200 Z 20 | a unang | RERMITSFEES" |
| A THE CASE OF THE PROPERTY OF | NTRACTOR | | Television and the second and the se | to fee schedule |
| Business name: Spiegs Barbers, LLC | - Mark Spiegelberg | | | |
| Address: 17511 NE 34th St | | | Fees due upon application | |
| City/State/ZIP: Vancouver WA 98682 | | | Amount received | |
| Phone: (360) 772-1389 | Fax: (360) 256-4082 | | Date received: | |
| ССВ No.: 227010 | | | This permit application ex | pires if a permit is not obtained is been accepted as complete |
| Authorized | | | . within 180 days after it ha | is neall accepted as complete |

09/18/19

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Building Permit Application Crescent Bldg FA Radio

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 AUT 24 3 Fax: (503) 526-2550 V (၁၈၁၉) Information (503) 526-2222

er Hubert

Katie Harbaugh

Authorized

signature:

Print name:

| - | USE ONLY |
|---------------------------|------------------------|
| Date Received: 04/15/2019 | Permit No.: B2019-1525 |
| Date Issued: 11-U-19 | ву: 1/1/ |
| CITY OF BEAVERTO | Payment Type: // C |

| SEE I:/BLDG DIV W | Beaverton Oregon.g. | ווכן ב | DEAVERTON SAME | 7,47 |
|--------------------------------------|-------------------------|-------------------------|--|-----------------------------------|
| Ţ | YPE OF WORK | | DING DIVISION REQUIRED DATA: 1- AND | 2-FAMILY DWELLING |
| ☐ New construction | ☐ Demolition | | Permit fees" are based on the value | earest dollar) of all equipment, |
| ✓ Addition/alteration/replacement | Other: | n | naterials, labor, overhead, and the phis application. | profit for the work indicated on |
| | RY OF CONSTRUCTION | | /aluation | |
| ☐ 1- and 2-family dwelling | ☑ Commercial/industrial | | Number, of bedrooms: | |
| Accessory building | ☐ Multi-family | | Number of bathrooms: | |
| Master builder | Other: | | Total number of floors: | |
| | FORMATION AND LOCATION | | New dwelling area: | square feet |
| Job site address: 12600 SW Cresce | | | Garage/carport area: | square feet |
| City/State/ZIP: Beaverton, OR 9700 | | | Covered porch area: | square feet |
| Suite/bldg./apt. no.: Suite 130 | Project name: Beaverton | | | square feet |
| Cross street/directions to job site: | | | Deck area: | square feet |
| 0,055 04 004 04 004 11 | | - | Other structure area: | |
| | | | REQUIRED DATA: COMME Permit fees* are based on the value | |
| Subdivision: | Lot no.: | | Indicate the value (rounded to the r materials, labor, overhead, and the | pearest dollar) of all equipment. |
| Tax map/parcel no.: | | | this application. | |
| DES | CRIPTION OF WORK | | Valuation | \$2,670.82 |
| Install radio for monitoring | | | Existing building area: | square feet |
| | • | | New building area: | square feet |
| | | | Number of stories: | |
| ☐ PROPERTY OWNER | ☐ TENANT | | Type of construction: | |
| Name: | | | Occupancy groups: | |
| Address: | | | Existing: | |
| City/State/ZIP: | | | New: | |
| Phone: | Fax: | | NOT | ICE |
| E-mail: | | ********** | All contractors and subcontractors | are required to be licensed with |
| ☑ APPLICANT | ☑ CONTACT PERSON | | the Oregon Construction Contractors Board under ORS 701 and | the jurisdiction in which work is |
| Business name: Performance Syst | ems Integrated | | being performed. If the applicant is exempt from licensing, the following reasons apply: | |
| Contact name: Katie Harbaugh | | | | |
| Address: 7324 SW Durham Rd | | | | |
| City/State/ZIP: Portland, OR 97224 | | | | |
| Phone: (503) 641-2222 | Fax: (503) 641-1464 | | | |
| E-mail: katieh@psintegrated.com | m | Constitution Special Co | Building Pe | RMIT FEES* |
| CONTRACTOR | | | Figure 17, 1, 1997 September 17, 1, 1, 1997 September 1997 | o fee schedule |
| Business name: Performance Syst | tems Integrated | | Fees due upon application | \$59.08 |
| Address: 7324 SW Durham Rd | | | | |
| City/State/ZIP: Portland, OR 97224 | | | Amount received | |
| Phone: (503) 641-2222 | Fax: (503) 641-1464 | 1-1464 Date received: | | |
| CCB IIc.: 205924 | | | This permit application expl | res if a permit is not obtained |

Date:

04/12/19

within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

□ Demolition

☐ Multi-family

Other:

Lot no.:

Fax:

DESCRIPTION OF WORK

☑ Commercial/industrial

Other:

TYPE OF WORK

CATEGORY OF CONSTRUCTION

JOB SITE INFORMATION AND LOCATION

Sycology

| | 100 | | | _ Commu | ntv.De7 |
|-----|-------|-----------------|-------|---|------------|
| FI | FO. | ℸ⅌℺℩ | NC SU | RMIT | A |
| ٠., | | 11501 | 11000 | | er e mini. |
| C L | ZC 1. | /DID | G DIV | 14/455 | ⊗i∧iiiik∦ |
| | | $I\cup L\cup I$ | ULIV | Y Y \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | \smile |

Job site address: 15500 SW Beaverton Creek Ct.

NEW FURNISHINGS, FINISHES AND FLOORING

□ PROPERTY OWNER

☑ APPLICANT

NEW PLUMBING FIXTURES AND RESTROOM FINISHES

City/State/ZIP: Beaverton, OR 97006

Suite/bldg./apt. no.: 1st floor

☐ New construction

Addition/alteration/replacement

☐ 1- and 2-family dwelling

☐ Accessory building

☐ Master builder

Subdivision:

Tax map/parcel no.:

Name: Apple, Inc.

Address: 1 Apple Park Way

Phone: (917) 239-9253

Business name: Apple, Inc.

Phone: (917) 239-9253

Contact name: Whitney Ray Address: 1 Apple Park Way

City/State/ZIP: Cupertino, CA 95014

E-mail: whitneyray@apple.com

City/State/ZIP: Cupertino, CA 95014

E-mail: whitneyray@apple.com

elopment Department **Building Division** n Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

Z TENANT

General Information (503) 526-2222 BeavertonOregon.gcg

OFFICE USE ONLY Permit No.: B2019-3074 Date Received: 07/18/2019 Date Issued: CITY OF BEAVERTON Payment Type: BUIL DING DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation Number, of bedrooms: Number of bathrooms: Total number of floors: square feet New dwelling area: square feet Garage/carport area: square feet Covered porch area: Project name: Apple Beaverton square feet Deck area: Cross street/directions to job site: SW 153rd Dr. and SW Beaverton Creek Ct. Other structure area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. \$1,775,000.00 Valuation NEW OFFICES, CONFERENCE ROOMS AND SUPPORT SPACES 24,090 square feet Existing building area: 24,090 square feet NEW SUSPENDED CEILING, NEW HVAC SYSTEM AND LIGHTING New building area: Number of stories: Type of construction: **III-B Existing Building** Occupancy groups: ASSEMBLY A-3, BUSINESS B A-3, B Existing: A-3, B New: NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and O CONTACT PERSON may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES*

Please refer to fee schedule \$10,997.55 Fees due upon application

Amount received

Date received:

Form B70-1001

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

07/16/19

signature: Print name:

CCB lic.:

Business name: 5

City/State/ZIP:

Phone: 503

Address:

waic

Ivana Gazic

>WIN ENTRY

SW 2 "

2 POUTLAND

CONTRACTOR

Builou

97704

Date:



Print name:

Don Forsberg

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

12725 SW Millikan Way / PO Box 4/55

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

| Pag paint page | and the state of t |
|---------------------------|--|
| OFFICE | JSE ONLY |
| Date Received: 09/05/2010 | Permit No.: B2019-3583 |
| Date Issued: | ву: |
| CITY OF REAVERTON | Payment Type: |
| | |

| O R E G O R | BeavertonOregon.gog | Ci | I Y | OF BEAVERTON | Payment type. | | |
|---|--|--------------|---|---|---|--|--|
| TYPE OF | | В | JII | DING PIVINIDANT | : 1- AND 2-FAM | ILY DWELLING | |
| ☑ New construction | ☐ Demolition | | | Permit fees* are based or Indicate the value (round) | n the value of the ad to the nearest (| work pertormed. dollar) of all equi | pment, |
| ☐ Addition/alteration/replacement | Other: | | | materials, labor, overhead this application. | I, and the profit fo | r the work indica | ited on |
| CATEGORY OF | CONSTRUCTION | | | Valuation | | | |
| ☐ 1- and 2-family dwelling | ☑ Commercial/industrial | | | Number, of bedrooms: | | | |
| ☐ Accessory building | ☐ Multi-family | | | Number of bathrooms: | | | |
| ☐ Master builder | ☑ Other: Wireless Facility | | | Total number of floors: | | | |
| JOB SITE INFORMAT | TION AND LOCATION | | | New dwelling area: | | square feet | |
| Job site address: 12255 SW Denney Road | <u> </u> | | | Garage/carport area: | | square feet | |
| City/State/ZIP: Beaverton, OR 97008 | | | | Covered porch area: | | square feet | |
| Suite/bldg./apt. no.: | Project name: POR Fir Grove | | | Deck area: | | square feet | |
| Cross street/directions to job site: SW Hall Bou | ulevard (Directions on page T-1 of | | | Other structure area: | <u> </u> | square feet | |
| drawings) | , | | | REQUIRED DATA | COMMERCIAL | | :T |
| Subdivision: | Lot no.: 118 | | | Permit fees* are based o | A CONTRACTOR OF THE CONTRACTOR | | Security of the Control of the Contr |
| Tax map/parcel no.: 1S122BC00118 | 10 | | 1 | Indicate the value (round materials, labor, overhea | ed to the nearest | dollar) of all equi | ipment, |
| | N OF WORK | | | this application. | | | |
| | | 000 | | Valuation | | \$10 | 00,000 |
| Verizon Wireless proposes to constru facility consisting of a 75' monopole v | ict an unmanned telecommunications and with six panel antennas and | UHS | • | Existing building area: | | square feet | |
| equipment within a proposed wood-fe | enced compound, adjacent to an | | | New building area: | | square feet | 347 |
| existing building. | | 470,07046.0E | | Number of stories: | | 75' mor | nopole |
| PROPERTY OWNER | ☐ TENANT | | | Type of construction: | | | IIB |
| Name: Islamic Center of Portland; Contact: Ali Hodroge | | | _ | Occupancy groups: | | | U, S-2 |
| Address: 12255 SW Denney Road | | | - | Existing: | | | • |
| City/State/ZIP: Beaverton, OR 97008 | | | - | New: | | | |
| Phone: (503) 998-2498 | Fax: | | \downarrow | General Company | NOTICE | 6000000 | |
| E-mail: ahodroge@yahoo.com | | 500.005EA155 | | All contractors and subc | ontractors are rec | uired to be licen | sed with |
| ☐ APPLICANT ☐ CONTACT PERSON | | | the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is | | | work is | |
| Business name: Odelia Pacific Corporation on Behalf of Verizon Wireless | | | - | being performed. If the a following reasons apply: | pplicant is exemp | t from licensing, | the |
| Contact name: Don Forsberg, Permitting | Specialist (Contractor/Agent) | | - | | A | | |
| Address: 5506 6th Ave. S. | | | $\frac{1}{2}$ | | | | |
| City/State/ZIP: Seattle, WA 98108 | | | | | | | • |
| Phone: (503) 267-1947 | Fax: | | - | | | | |
| E-mail: donforsberg45@gmail.com | | | 55 | RIII | DING PERMIT I | EFES* | er en se |
| CONTRA | ACTOR | 62 Y 143 | ŝ | | se refer to fee sch | | |
| Business name: HPS Construct | <u> Fiorl</u> | | - | | | \$1,447.85 | |
| Address: 598 Baseline Ro | | | - | Fees due upon applicati | ווכ | φ1,447.65 | |
| City/State/ZIP: Cornelius, OR 97113 | | | 4 | Amount received | | <u></u> | |
| Phone: 503 - 357 - 4217 Fax: | | | \downarrow | Date received: | | | |
| CCB lic.: 120253 | | | J | This permit applicat | | | |
| Authorized Don Forsberg signature: | | | _ | within 180 days aft | er it nas been ac | cepted as com | hiere |

Date:

08/21/19

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2520
General Information (503) 526-2222

| OFFICE | USE ONLY |
|-------------------|------------------------|
| Date Received: | Permit No. 40 20 -4(4) |
| Date Issued: +301 | 1 8x/ |
| | Payment Type: |

REV 2/14

Form B70-1001

| | General Information (503) 526-2222 | Payment Type: |
|--|--|--|
| | BeavertonOregon.gov L | REQUIRED DATA: 1- AND 2-FAMILY DWELLING |
| | TYPE OF WORK | the value of the work performed. |
| ☐ New construction | ☐ Demolition | Permit fees" are based on the value of the follar) of all equipment, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on |
| Addition/alteration/replacement | ☐ Other: | this application. |
| | TEGORY OF CONSTRUCTION | Valuation |
| 1- and 2-family dwelling | [2Commercial/industrial | Number, of bedrooms: |
| Accessory building | ☐ Multi-family | Number of bathrooms: |
| Master builder | Other: | Total number of floors: |
| | ITE INFORMATION AND LOCATION | New dwelling area: square feet |
| lob site address: 4 145 | bus Warson Ase | Garage/carport area: square feet |
| City/State/ZIP: BPQU | ector 1017 97005 | Covered porch area: square feet |
| Sulte/bldg/apt. no.: 200 | Project name: ATM Insigh | |
| Cross street/directions to job site: | Andrew Control of the Andrews of the | Other structure area: square feet |
| | | REQUIRED DATA: COMMERCIAL-USE CHECKLIST |
| Itall | | the work performed. |
| Subdivision: | Lot no.: | Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on |
| Tax map/parcel no.: WHIY | 441 | this application. |
| | DESCRIPTION OF WORK | Valuation |
| Tictall Vew | Wall for conference Room | Existing building area: square feet |
| Dew ense world | New Plumbia, fixtures (Temove Rep) | New building area: square feet |
| Do Additional Plu | Well for conservers liemove Repl New Plumbia (fixfurs liemove Repl mbing Fytures, Backen Cognot? | Number of stories: |
| CO PROPERTY OWN | ER TENANT | Type of construction: |
| 1 | | Occupancy groups; |
| | Sw 4th Are | Existing: |
| Address: 2520 City/State/ZIP: Dont law | 700/ | New: |
| | 7 / Fax: | HOTIGE |
| Phone: 303 954 69 | @SICBCOSICOM | All contractors and subcontractors are required to be licensed will |
| E-mail: C1/C0JS/C | GONTACT PERSON | the Oregon Construction Contractors Board under OAS 701 and |
| | a Construction Inc | may be required to be included in the applicant is exempt from licensing, the being performed. If the applicant is exempt from licensing, the following reasons apply: |
| Business name: UF-01/63 | Wastron Box Burney | following (sasons approx |
| Contact name: M. che | 18th # 204 | |
| | 1 27 771 75 | |
| City/State/ZIPiportor | 77 Fax | |
| Phone: 365 404 9 | (prenevaconstruction | nicon |
| E-mall: M, Chelel | CONTRACTOR | BUILDING PERMIT FRES* |
| 2 .00 | | Please refer to fee schedule |
| | Na Coustroelle | Fees due upon application |
| Address: | | Amount received |
| City/State/217 | 776 Fax: | Date received: |
| Phone: 360 9049 | 17 1100 | This permit application expires if a permit is not obtained |
| CCB 110.: 22457 | | within 180 days after it has been accepted as complete |
| Authorized signature: | | * Fee methodology set by Tri-County Building |
| | St. 000 Date: 9/30/19 | Industry Service Board |



signature:

Print name:

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

| OFFICE | JSE ONLY |
|------------------------|------------------------|
| Date Received: 1-6-19 | Permit No.: B2019-4655 |
| Date Issued: - 8-19 | By: Ulh |
| | Payment Type: VISC |

| (0 | BeavertonOregon.gov | Paymer | it type: VISC |
|--|---|---|------------------------------------|
| | TYPE OF WORK | REQUIRED DATA: 1- AN | D 2-FAMILY DWELLING |
| ☐ New construction | Demolition | Permit fees* are based on the val | ue of the work performed. |
| ✓ Addition/alteration/replacement | Other: | materials, labor, overhead, and th | e profit for the work indicated on |
| | ORY OF CONSTRUCTION | this application. Valuation \$9,000,00 | 1 |
| ☑ 1- and 2-family dwelling | ☐ Commercial/industrial | Number, of bedrooms: | <u> </u> |
| Accessory building | ☐ Multi-family | Number of bathrooms: | |
| ☐ Master builder | ☐ Other: | | |
| JOB SITE I | NFORMATION AND LOCATION | Total number of floors: | aguara faak |
| Job site address:8110 SW Valley \ | /iew | New dwelling area: | square feet |
| City/State/ZIP:portland OR 97225 | | Garage/carport area: | square feet |
| Suite/bldg./apt. no.: | Project name: Ingrassia | Covered porch area: | square feet |
| Cross street/directions to job site: Valley | View and Canyon | Deck area; | square feet |
| · | · | Other structure area: | square feet |
| | | REQUIRED DATA: COMM | |
| Subdivision: | Lot no.: | Permit fees* are based on the val Indicate the value (rounded to the | nearest dollar) of all equipment, |
| Tax map/parcel no.: | | materials, labor, overhead, and the this application. | e profit for the work indicated on |
| | SCRIPTION OF WORK | Valuation | |
| Enlarge one window opening, exisitng window with slider do | elarge one slider door opening, replace | Existing building area: | square feet |
| CAISING WINDOW WINT CHOOL GOV | | New building area: | square feet |
| | | Number of stories: | |
| PROPERTY OWNER | ☐ TENANT | Type of construction: | |
| Name:Kristen Sharp Ingrassia | | Occupancy groups: | |
| Address:8110 SW Valley View | | Existing: | |
| City/State/ZIP:portland or 97225 | | New: | |
| Phone: | Fax: | NO. | TICE |
| E-mail: | | All contractors and subcontractor | |
| ☐ APPLICANT | CONTACT PERSON | the Oregon Construction Contraction may be required to be licensed in | tors Board under ORS 701 and |
| Business name: cascade contraction | ng | being performed. If the applicant | is exempt from licensing, the |
| Contact name: adam reed | | following reasons apply: | 4 |
| Address:7410 sw macadam ave |) | | |
| City/State/ZIP:portland OR 97219 | 1 | | |
| Phone:(503) 209-4449 | Fax: | | |
| E-mail:adam@cascadecontract | ting.ocm | | |
| | CONTRACTOR | BUILDING P | ERMIT FEES* |
| Business name: Cascade contracti | ing | Please refer t | o fee schedule |
| Address: | | Fees due upon application | 3391.20 |
| City/State/ZIP: | | Amount received | <u> </u> |
| Phone: | Fax: | Date received: | |
| CCB lic.: 146324 | | This parmit annihisation avail | res if a permit is not obtained |
| Authorized / A | 1 104.0 | | been accepted as complete |

10100110

Fee methodology set by Tri-County Building Industry Service Board

Community Development Department

□ Demolition

☐ Multi-family

Other:

Lot no.:

Fax:

Fax:

DESCRIPTION OF WORK

Interior Partition walls, Suspended Ceiling System

PROPERTY OWNER

☑ APPLICANT

Business name: NW Precision Design

E-mail; Darin@NW-Precision.com

Address: 2155 NW 173rd Ave #102 City/State/ZIP: Beaverton, OR 97006 ☑ Commercial/industrial

Project name: Smart Brain

☐ TENANT

☐ CONTACT PERSON

☐ Other:

TYPE OF WORK

CATEGORY OF CONSTRUCTION

JOB SITE INFORMATION AND LOCATION

| 0 | T | |
|---|---|--|
| | | |



■ New construction

☑ Addition/alteration/replacement

Job site address: 2155 NW 173rd Ave. City/State/ZIP: Beaverton OR 97006

1- and 2-family dwelling

☐ Accessory building

Master builder

Suite/bldg./apt. no.:

Subdivision: Tax map/parcel no.:

Cross street/directions to job site:

Name: Mehdi Mirtorabi

Phone: (503) 531-9990

Contact name: Darin Bouska Address: 17407 SW Inkster Dr. City/State/ZIP: Sherwood OR 97140

Phone: 503-680-6444

E-mail:

Building Division OFFICE USE ONLY 12725 SW Millikan Way / PO Box 4755 Permit No.: 72019 - 465 Beaverton, OR 97076 Date Received: Phone: (503) 526-2493 Fax: (503) 526-2550 Date Issued: General Information (503) 526-2222 BeavertonOregon.gov

| Payment Tyl | oe: Chelle |
|---|--|
| REQUIRED DATA: 1- AND 2- | FAMILY DWELLING |
| Permit fees* are based on the value of Indicate the value (rounded to the nea- materials, labor, overhead, and the pro- this application. | the work performed. |
| Valuation | |
| Number, of bedrooms: | |
| Number of bathrooms: | |
| Total number of floors: | |
| New dwelling area: | square feet |
| Garage/carport area: | square feet |
| Covered porch area: | square feet |
| Deck area: | square feet |
| Other structure area: | square feet |
| REQUIRED DATA: COMMERC | IAL-USE CHECKLIST |
| Permit fees* are based on the value o Indicate the value (rounded to the nea materials, labor, overhead, and the pro this application. | rest dollar) of all equipment, ofit for the work indicated on |
| Valuation | 69,500 |
| Existing building area: | square feet 1,730 T |
| New building area: | square feet |
| Number of stories: | |
| Type of construction: | VB 1 H |
| Occupancy groups: | |
| Existing: | E |
| New: | E |
| NOTICE | |
| All contractors and subcontractors are the Oregon Construction Contractors may be required to be licensed in the being performed. If the applicant is ex following reasons apply: | Board under ORS 701 and jurisdiction in which work is |
| | |
| BUILDING PERM | |
| Please refer to fee | schedule |
| Fees due upon application | P2,171.20 |
| Amount received | |
| | |

within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

| Address: PO BOX 821757 City/State/ZIP: VANCOUVER WA | 98682 |
|--|---------|
| Phone: 360 - 836 - 8622 Fax: | |
| CCB lic.: 200289 | |
| Authorized Signature: | |
| Print name: DARIN BOUSKA | Date: |
| Darin Bouska | 10/4/19 |

CONTRACTOR



Business name:

Address:

CCB lic.:

Authorized signature:

Print name:

CENTREX

6/21P: TIGARD, OF 503.684.0443

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

| OF | FICE USE ONL | _Y |
|----------------|--------------|---------------|
| Date Received: | Permit No. | 1327(91-4104) |
| Date Issued: 1 | By: 10 | U- |
| | Payment 1 | Type: Chala |

General Information (503) 526-2222 BeavertonOregon.gov TYPE OF WORK □ Demolition ■ New construction Other: Addition/alteration/replacement CATEGORY OF CONSTRUCTION *Commercial/Industrial 1- and 2-family dwelling ■ Multi-family ☐ Accessory building Other: Master builder JOB SITE INFORMATION AND LOCATION LOST SPRINGS TERRACE #10 Job site address: NW City/State/ZIP: OR 97229 PORTLAND Project name: "CIPEAT Suite/bldg./apt. no.: Cross street/directions to job site: SUITE # 10 Subdivision: Lot no.: Tax map/parcel no.: DESCRIPTION OF WORK CHANGE OF TEMANT ! NO OCCUPANCY CHANGE. NEW BAR & WALK-IN COOLER, MODIFY OHE NEW KITCHEN EQUIP BATHROOM FOR ADA-ΝΦ HOOD. TENANT ☐ PROPERTY OWNER ATTN: RYAN O CONNO GREAT NOTION BREWING. Name: Address: City/State/ZIP: Phone: 503, 819, 4721 ryan@ greatnotion pdx.com E-mail: **P** CONTACT PERSON ☐ APPLICANT Business name: THESIS STYDIO, LLC. COUIN JENSEN Contact name: CUB BYSOFTWAH BY Address: City/State/ZIP: 97214 PORTLAND علا Fax: 701, 7027 Phone: 503 colin@thesisstudio.com E-mail: CONTRACTOR

CONSTRUCTION

Date: \\

SW HUNZIKER ST

-NSEN

OR 97223

| r | TARILY DISELLED |
|----|--|
| ļ | REQUIRED DATA: 1- AND 2-FAMILY DWELLING Permit fees* are based on the value of the work performed. |
| | Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. |
| | Valuation |
| | Number, of bedrooms: |
| | Number of bathrooms: |
| Ī | Total number of floors: |
| | New dwelling area: square feet |
| | Garage/carport area: square feet |
| l | Covered porch area: square feet |
| ľ | Deck area: square feet |
| ľ | Other structure area: square feet |
| | REQUIRED DATA: COMMERCIAL-USE CHECKLIST |
| | Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. |
| -[| Valuation \$ 100,000 |
| | Existing building area: 1920 square feet |
| | New building area: Ø square feet |
| | Number of stories: |
| ı | Type of construction: VB |
| e | Occupancy groups: $A-2$, $F-2$ |
| | Existing: $A-2$, $F-2$ |
| ı | New: A-2, F-2 |
| | NOTICE |
| | All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: |
| | BUILDING PERMIT FEES* |
| | |
| | Please refer to fee schedule |
| | Fees due upon application |
| | Amount received |
| | Date received: |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Kristy Laine

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

| fine from your con- | |
|-------------------------|-----------------------|
| OFFICE | JSE ONLY |
| Date Received 0/07/2010 | Permit No. B2019-4174 |
| Date Issued: 1-8-19 | By: fll |
| CITY OF BEAVEDTON | Payment Type: Visa |
| | |

| | Beavertor | nOregon.gov LVII Y | OF BEVARLADAT | The VIDA | |
|--|-----------------------|--|--|--|-----------------|
| T | YPE OF WORK | BΨ | LOING REGIMENDATA | 1- AND 2-FAMILY DWELLING | 3 |
| ☐ New construction | ☐ Demolition | 8.55 <u>6.5847 </u> | Permit fees* are based on | the value of the work performed d to the nearest dollar) of all equ | d. |
| ☑ Addition/alteration/replacement | Other: | | materials, labor, overhead this application. | , and the profit for the work indic | ated on |
| The state of the s | RY OF CONSTRUCTION | | Valuation | \$2 | 65,000 |
| ☑ 1- and 2-family dwelling | ☐ Commercial/indu | strial | Number, of bedrooms: | | |
| ☐ Accessory building | ☐ Multi-family | | Number of bathrooms: | | |
| ☐ Master builder | ☐ Other: | | Total number of floors; | | |
| JOB SITE INF | ORMATION AND LOCATIO | N | New dwelling area: | square feet | 300 |
| Job site address: 13855 SW Secreta | iat Ln | | | square feet | |
| City/State/ZIP:Beaverton, OR 97008 | 3 | | Garage/carport area: | | |
| Suite/bldg./apt. no.: | Project name: Valo | lez | Covered porch area: | square feet | |
| Cross street/directions to job site: Murry to | Secretariat Ter to Se | ecretariat Ln | Deck area: | square feet | |
| | : | | Other structure area: | square feet | eo dekoralistik |
| | | | (3) 等 可能性 (2) 等 等 等 等 等 等 等 等 等 等 等 等 等 等 等 等 等 等 等 | COMMERCIAL USE CHECKL | The Section of |
| Subdivision: | Lot no.; | | Indicate the value (rounds | the value of the work performed to the nearest dollar) of all eq | ulpment, |
| Tax map/parcel no.: | | | materials, labor, overhead this application. | , and the profit for the work Indi | cated on |
| | RIPTION OF WORK | -1 | Valuation | | |
| Repairing fire damage home an 300sqft above garage. | a expanding second : | story negrooms | Existing building area: | square feet | |
| | | | New building area: | square feet | |
| | | | Number of stories: | | |
| ☑ PROPERTY OWNER | |] TENANT | Type of construction: | | |
| Name:Ruben & Dorthy Valdez | | | Occupancy groups: | | |
| Address: 13855 SW Secretariat Lr | 1 | | Existing: | | |
| city/State/ZIP:Beaverton, OR 9700 | 8 | | New: | | |
| Phone: | Fax: | | | NOTICE | 13x122x1x |
| E-mail: | | | All contractors and subco | ntractors are required to be lice | nsed with |
| | □ co | NTACT PERSON | the Oregon Construction | Contractors Board under ORS 7 ensed in the jurisdiction in which | 701 and |
| Business name: Laine Renovations | nc | | being performed. If the applicant is exempt from licensing, the following reasons apply: | | , the |
| Contact name: Kristy Laine | | | iollowing reasons apply. | <u> </u> | |
| Address: 8355 SW Monticello Ct | | | | | |
| City/State/ZIP:Beaverton, OR 9700 | 8 | | | and the second s | |
| Phone:(503) 341-0837 | Fax: | | | | |
| E-mail:lainerenovationsinc@gma | il.com | | | | Andrew |
| t and the contract of the cont | ONTRACTOR | | 0.84934 (Sept.) X 5 (1886) 13 (1886) | DING PERMIT FEES* | |
| Business name: Laine Renovations | Inc | | Pleas | e refer to fee schedule | |
| Address:8355 SW Monticello Ct | | | Fees due upon application | n \$1,172. | 11 |
| City/State/ZIP:Beaverton, OR 9700 | 8 | | Amount received | | |
| Phone: (503) 341-0837 | Fax: | | Date received: | | |
| CCB lic::181551 | | | This permit applicati | on expires if a permit is not of | otained |
| Authorized Kristy Laine | j | | | r it has been accepted as con et by Tri-County Building | ipietė |
| Print name: | D | ate: | Industry Service Bo | | |

10-4-2019

Form B70-1001

REV 2/14

\$265,000

2 2 300

> 0 0

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ELECTRONIC SUBMITTAL ment Department Building Division ay / PO Box 4755 verton, OR 97076 Beaverton General Information (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 ELECTRONIC SUBMITTAL

Print name:

| OFFIC | E USE ONLY |
|--------------------------|-----------------------------|
| Date Received: 5 29 2019 | Permit NE 2019 - 2289 |
| Date Issued: 1 - 8 - 17 | By: ML |
| | Payment Type: Cholle + 1156 |

| OREGON Genera | BeavertonOregon.gov | | Payment T | ype: ChlUL & VISC |
|--|---------------------------------------|--------|---|---------------------------------------|
| TYPE OF | | | REQUIRED DATA: 1- AND 2 | -FAMILY DWELLING |
| □ New construction □ Demolition | | | Permit fees' are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, | |
| ✓ Addltion/alteration/replacement ☐ Other: | | | malerials, labor, overhead, and the p this application. | rofit for the work indicated on |
| CATEGORY OF | CONSTRUCTION | | Valuation | · · · · · · · · · · · · · · · · · · · |
| 1- and 2-family dwelling | ☑ Commercial/industrial | | Number, of bedrooms: | |
| ☐ Accessory building | ☐ Multi-family | | Number of ballrooms: | |
| ☐ Master builder | ☐ Olher: | - | Total number of floors: | Add traffic moderation |
| JOB SITE INFORMAT | ON AND LOCATION | | New dwelling area: | square feel |
| Job sile address: 4037 SW 117th | ÄVE, | | Garage/carport area: | square feet |
| city/state/ZIP: Beowerton OR 9 | 7005 | | Covered porch area: | square feet |
| Suite/bidg./apt. no.: Wif H | Project name: JOY POKE | | Deck area: | square feet |
| Cross street/directions to job site: | | | Other structure area: | square feet |
| | | | REQUIRED DATA: COMMER | |
| | Lot no.: | | Permit fees* are based on the value | of the work performed. |
| Subdivision: | Lot no. | | Indicate the value (rounded to the ne materials, labor, overhead, and the p | earest dollar) of all equipment, |
| Tax map/parcel no.: DESCRIPTION | N OF WORK | | this application. | |
| | · · · · · · · · · · · · · · · · · · · | | Valuation 50.000 | |
| Tement Improvement: Add , Counters, Keep same E | ew partition walls, egui | , many | Existing building area: | square feet " |
| Counters, Keep same E | MITTING -A.D.A Kestroom | ` | New building area: | square feet |
| | | | Number of storles: | |
| ☐ PROPERTY OWNER | TENANT | | Type of construction: | a |
| Name: Justin Hwany | | | Occupancy groups: | |
| Address: | | | Existing: | |
| City/State/ZiP: | | | New: | |
| Phone: 503 927 1894 | Fax: | | , 'Notic | E |
| E-mail: | | | All contractors and subcontractors a | re required to be licensed with |
| M APPLICANT | CONTACT PERSON | | the Oregon Construction Contractor may be required to be licensed in the | e lurisdiction in which work is |
| Business name: Harmony Decor | | | being performed. If the applicant is of following reasons apply: | exempt from licensing, the |
| Contact name: Nestor 190 | | | COLOR | |
| Address: P. O . Box [620] | | | | |
| City/State/ZIP: Portland OR 97 | 292 | | | |
| Phone: 503 943 9744 | Fax: | | | |
| E-mall: harmoniegroup @ gmail.com contractor | | | BUILDING PER | MIT FEES* |
| Business name: Green Design | & Construction | | Please refer to f | ee schedule |
| Address: 17/19 NW TINCS | | | Fees due upon application | 922.69 |
| | R 97006 | | Amount received | |
| Phone: 5=3 442 0193 | Fax: | | Date received: | |
| CCB IIC.: (94254) | | | This permit application expire | s if a permit is not obtained |
| Authorized signature: | | | within 180 days after it has be | een accepted as complete |

Date:

Fee methodology set by Tri-County Building industry Service Board

Form B70-1001

KECEIVED

Building Permit Application

JAN 04 2019

Print name:

Amanda Loveridge

Community Development Department

Building Division

HTY OF BEAVERTON 12725 SW Millikan Way / PO Box 4755

SUILDING DIVISION Beaverton, OR 97076

Beaverton, OR 97076

Beaverton

General Information (503) 526-2222

Beaverton Oregon gov

| COS | Revision/Tracking | Number |
|-------|-------------------|---|
| FMIV. | 19-007 | ilian manakan manakan ja manakan |

| | OFFICE | USE ONLY |
|----------------|----------|------------------------|
| Date Received: | 1.4.2019 | Permit No.: B2018-5138 |
| Date Issued: | -7-19 | By: MC |
| | | Payment Type: CMUL |

| | Deaverton Oregon.gov | | |
|--------------------------------------|-------------------------|--|------------|
| T | YPE OF WORK | REQUIRED DATA: 1- AND 2-FAMILY DWELLING | |
| ✓ New construction | ☐ Demolition | Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipme | mt. |
| ☐ Addition/alteration/replacement | Other: | materials, labor, overhead, and the profit for the work indicated this application. | |
| CATEGOR | Y OF CONSTRUCTION | Valuation 344,880 | |
| ☑ 1- and 2-family dwelling | ☐ Commercial/industrial | Number. of bedrooms: 5 | |
| ☐ Accessory building | ☐ Multi-family | Number of bathrooms: 3 | |
| ☐ Master builder | Other: | Total number of floors: Z | |
| JOB SITE INF | ORMATION AND LOCATION | | |
| Job site address: 15768 SW Wren | Lane | | |
| City/State/ZIP: Beaverton, OR | | Garage/carport area: 368 square feet | |
| Sulte/bldg./apt. no.: | Project name: Russell | Covered porch area: 66 square feet | ~ |
| Cross street/directions to job site: | | Deck area; square feet | |
| | | Other structure area: square feet | |
| | | REQUIRED DATA: COMMERCIAL-USE CHECKLIST | |
| Subdivision: Westmont | Lot no.: 15 | Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment | al, |
| Tax map/parcel no.: | | materials, labor, overhead, and the profit for the work indicated of this application. | nc |
| | RIPTION OF WORK | Valuation | |
| NSFR - 3729AR - 2 Car Garag | e | Existing building area: square feet | |
| | | New building area: square feet | |
| Resubmission due to | Plan Change | Number of stories: | |
| PROPERTY OWNER | ☐ TENANT | Type of construction: | |
| Name: DR Horton, Inc | | Occupancy groups: | |
| Address: 4380 SW Macadam Ave | Suite 200 | Existing: | ··· |
| City/State/ZIP: Portland, OR 97239 | | New: | — |
| Phone: (503) 222-4151 | Fax: | NOTICE | |
| E-mail: plancheck@drhorton.com | | All contractors and subcontractors are required to be ficensed w | eric Ub |
| ☑ APPLICANT | ☐ CONTACT PERSON | the Oregon Construction Contractors Board under ORS 701 and | ı |
| Business name: DR Horton, Inc | | may be required to be licensed in the jurisdiction in which work in being performed, if the applicant is exempt from licensing, the | 3 |
| Contact name: Amanda Loveridge | | following reasons apply: | |
| Address: SAME AS ABOVE | | | |
| City/State/ZIP: | | | |
| Phone: | Fax: | | |
| E-mail: plancheck@drhorton.com | | | |
| cc | ONTRACTOR | BUILDING PERMIT FEES* | |
| Business name: DR Horton, Inc | | Please refer to fee schedule | |
| Address: SAME AS ABOVE | | Fees due upon application | |
| City/State/ZIP: | | Amount received | |
| Phone: | Fax: | Date received: | |
| CCB lic.: 130859 | | This parmit application awairse if a paymit is not obtained | |
| Authorized |) 1 | This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete | |

Date: (1)

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

BeavertonOregon general

| OFFICE USE ONLY | | | | |
|---|------------------------|--|--|--|
| Date Received: | Permit No.: 19019-1877 | | | |
| Date Issued: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | BU | | | |
| | Payment Type: | | | |

| · | BeavertonOregon.g |
|--------------------------------------|--------------------------|
| | TYPE OF WORK |
| ☐ New construction | ☐ Demolition |
| ☐ Addition/atteration/replacement | Other: |
| CATEG | ORY OF CONSTRUCTION |
| 1- and 2-family dwelling | ☐ Commercial/industrial |
| ☐ Accessory building | ☐ Multi-family |
| ☐ Master builder | ☐ Other: |
| JOB SITE I | NFORMATION AND LOCATION |
| Job site address: 13575 SW Farmi | ngton Rd. |
| City/State/ZIP: Beaverton, OR 970 | |
| Suite/bldg./apt. no.: | Project name: POR Watson |
| Cross street/directions to job site: | |
| Subdivision; | Lot no.: |
| Tax map/parcel no.: | |
| | SCRIPTION OF WORK |
| PROPERTY OWNER Name: | □ TENANT |
| Address: | |
| City/State/ZIP: | |
| Phone: | Fax: |
| E-mail: | |
| ☐ APPLICANT | ☐ CONTACT PERSON |
| Business name: | |
| Contact name: | |
| Address: | |
| City/State/ZIP: | |
| Phone: | Fax: |
| E-mail: | |
| | CONTRACTOR |
| Business name: Tooltech Cellular | LLC |
| Address: PO Box 40817 | |
| City/State/ZIP: Eugene, OR. 974 | 04 |
| Phone: (503) 453-7624 | Fax: |
| COB IIc.::175901 | |
| Authorized signature: | |
| Didn't manufact | Date |

Lee Hansen

| | Payment Type: |
|--|--|
| REQUIRED DATA | ::1- AND 2-FAMILY DWELLING |
| Permit fees* are based on | the value of the work performed. Id to the nearest dollar) of all equipment, I, and the profit for the work indicated on |
| Valuation | |
| Number. of bedrooms: | |
| Number of bathrooms: | |
| Total number of floors: | |
| New dwelling area: | square feet |
| Garage/carport area: | square feet |
| Covered porch area: | square feet |
| Deck area: | square feet |
| Other structure area: | square feet |
| entire production of the produ | COMMERCIAL-USE CHECKLIST |
| Indicate the value (rounds | n the value of the work performed. ed to the nearest dollar) of all equipment, d, and the profit for the work indicated on |
| ∀aluation . | 21,450 |
| Existing building area: | square feet |
| New building area: | square feet |
| Number of stories: | |
| Type of construction: | - Lavorence - Lavo |
| Occupancy groups: | |
| Existing: | : |
| New: | |
| | NOTICE |
| the Oregon Construction may be required to be lic | ontractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is oplicant is exempt from licensing, the |
| Pleas Fees due upon application Amount received | DING PERMIT FEES* se refer to fee schedule |
| Date received: | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

11/12/19





Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

Date Received 11/8/2019 Permit Nr B2019-4672
Date Issued: 11/8/2019 By: Payment Type:

| | Beave | ertonOregon.gov |
|---|--------------------|--|
| TYPE | OF WORK | |
| ☐ New construction | ☐ Demolition | |
| Addition/alteration/replacement | Other: So | ar PV System |
| CATEGORY OF | CONSTRUCTION | |
| 1- and 2-family dwelling | ☐ Commercial | /industrial |
| ☐ Accessory building | ☐ Multi-family | |
| ☐ Master builder | Other: | |
| JOB SITE INFORMA | ATION AND LOCA | ITION |
| Job site address: 6725 Southwest Briarcliff Circle, | Beaverton, Orego | n, 97008, United States |
| City/State/ZIP: | | |
| Suite/bldg./apt. no.: | Project name: | |
| Cross street/directions to job site: | - | |
| | | |
| Subdivision: Washington County | Lot no.: 1S | 3122BD10800 |
| Tax map/parcel no.: T1S R1W S22 | | |
| | ON OF WORK | |
| Decidental Decides Color DV Custom | ~ F.G.7 IA | ٨ |
| Residential Rooftop Solar PV Syster | n 5.67 kV | VV |
| | | |
| | | |
| PROPERTY OWNER | | ☐ TENANT |
| Name: Parker & Molly Bowgren | | |
| Address: 6725 Southwest Briarcliff C | ircle, Beaverto | n, Oregon, 97008, United |
| City/State/ZIP: | | |
| Phone: 5035151254 | Fax: | |
| E-mail: mollyfronk@yahoo.com | | |
| ☑ APPLICANT | Θ. | CONTACT PERSON |
| Business name: Blue Raven Solar LLC | | |
| Contact name: Pica Nagano | | THE RESIDENCE OF THE PARTY OF T |
| Address: 1403 North Research Way | | |
| City/State/ZIP: Orem, UT 84097 | | |
| Phone: 385-482-0045 | Fax: | |
| E-mail: permitting.department@bluer | avensolar.com | |
| CONTR | ACTOR | |
| Business name: Blue Raven Solar LLC | | |
| Address: 1403 North Research Way | | |
| City/State/ZIP: Orem, UT 84097 | | |
| Phone: 385-482-0045 | Fax: | WARRANT TO CO. |
| CCB lic.: 210112 | ATT 1117 - 11 1117 | |
| Authorized signature: | | |
| Print name: | | Date: |
| Jeff Lee | | 10/14/2019 |

| REQUIRED DATA: 1- AN | D 2 FAMILY DWELLING |
|--|-----------------------------------|
| Permit fees* are based on the val | |
| Indicate the value (rounded to the materials, labor, overhead, and the this application. | nearest dollar) of all equipment, |
| Valuation // | 209 |
| Number, of bedrooms: | |
| Number of bathrooms: | |
| Total number of floors: | |
| *************************************** | equara foot |
| New dwelling area: | square feet |
| Garage/carport area: | square feet |
| Covered porch area: | square feet |
| Deck area: | square feet |
| Other structure area: | square feet |
| REQUIRED DATA: COMM | |
| Permit fees* are based on the val Indicate the value (rounded to the materials, labor, overhead, and th this application. | nearest dollar) of all equipment, |
| Valuation | |
| Existing building area: | square feet |
| New building area: | square feet |
| Number of stories: | |
| Type of construction: | |
| Occupancy groups: | |
| Existing: | |
| New: | 14.11.00.00 |
| NO | rice |
| All contractors and subcontractor the Oregon Construction Contrac may be required to be licensed in being performed. If the applicant following reasons apply: | the jurisdiction in which work is |
| | ERMIT FEES! |
| Fees due upon application | |
| Amount received | |
| Date received: | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Jeff Lee

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

| OFFICE USE ONLY | | | | |
|--------------------------|-------------------------|--|--|--|
| Date Received: [1][2][G] | Permit No.: 8009 - 4694 | | | |
| Date Issued: 11 12 | By: Cleria | | | |
| Payment Type: | | | | |

| | BeavertonOregon.gov L | The state of the s | |
|--|--------------------------|--|--|
| TYPE O | F WORK | REQUIRED DATA: 1- AND 2- | FAMILY DWELLING |
| □ New construction □ Demolition | | Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, | |
| Addition/alteration/replacement | ☑ Other: Solar PV System | materials, labor, overhead, and the pro | ofit for the work indicated on |
| CATEGORY OF | CONSTRUCTION | Valuation \$18,195 | |
| 1- and 2-family dwelling | ☐ Commercial/industrial | Number, of bedrooms: | A. A. I. L. III. WAREN TO THE RESERVE OF THE RESERV |
| ☐ Accessory building | ☐ Multi-family | Number of bathrooms: | |
| ☐ Master builder | ☐ Other: | Total number of floors: | |
| JOB SITE INFORMA | TION AND LOCATION | | aguara fa at |
| Job site address: 11520 SW Ridgecrest Dr, Beaver | rton, Oregon, 97008 | New dwelling area: | square feet |
| City/State/ZIP: | | Garage/carport area: | square feet |
| Suite/bldg./apt. no.: | Project name: | Covered porch area: | square feet |
| Cross street/directions to job site: | | Deck area: | square feet |
| | | Other structure area: | square feet |
| | | REQUIRED DATA: COMMERC | terminate de la companya de la comp |
| Subdivision: | Lot no.: | Permit fees* are based on the value o Indicate the value (rounded to the nea | rest dollar) of all equipment, |
| Tax map/parcel no.: 1S122CD05126 | | materials, labor, overhead, and the printing this application. | ofit for the work indicated on |
| DESCRIPTION | ON OF WORK | Valuation | |
| Residential Rooftop Solar PV System | n 8.19 kW | Existing building area: | square feet |
| | • | New building area: | square feet |
| | | Number of stories: | |
| PROPERTY OWNER | ☐ TENANT | Type of construction: | |
| _{Name:} Thomas Blumenfeld | | Occupancy groups: | |
| Address: 11520 SW Ridgecrest Dr, Be | eaverton, Oregon, 97008 | Existing: | |
| City/State/ZIP: | | New: | - CANTELLINE TO THE CONTRACT OF THE CONTRACT O |
| Phone: 503-516-1359 | Fax: | NOTICE | |
| E-mail: blumenfeldlisa@gmail.com | | All contractors and subcontractors are | required to be scensed with |
| | ☐ CONTACT PERSON | the Oregon Construction Contractors | Board under ORS 701 and |
| Business name: Blue Raven Solar LLC | | may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the | |
| Contact name: Hannah Webb | | following reasons apply: | |
| Address: 1403 North Research Way | | | |
| City/State/ZIP: Orem, UT 84097 | | | |
| Phone: 385-482-0045 | Fax: | | |
| E-mail: permitting.department@bluera | avensolar.com | | 2 |
| CONTRA | ACTOR | BUILDING PERM | IT FEES* |
| Business name: Blue Raven Solar LLC | | Please refer to fee | schedule |
| Address: 1403 North Research Way | | Fees due upon application | |
| City/State/ZIP: Orem, UT 84097 | | Amount received | |
| Phone: 385-482-0045 | Fax: | Date received: | |
| CCB lic.: 210112 | | This permit application expires i | f a normit is not obtained |
| Authorized 70Hross 100. | | within 180 days after it has bee | |

Date:

11/08/2019

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

BB 747-234-182

Building Permit Application

Beaverton

Print name:

Christine Mack

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.ggm

| | OFFICE | JSE ONLY |
|----------------|---------------|------------------------|
| Date Received: | 08/20/2019 | Permit No.: B2019-3555 |
| Date Issued: | | By: |
| CIT | Y OF REAVERTO | Payment Type: |

| | BeavertonOregon.gcg L | RU | ILDING DIVISION | | |
|--|--|-----------|--|--|-----------|
| TYPE OF | F WORK | | REQUIRED DATA: 1- AND | 2-FAMILY DWELLING | |
| ☐ New construction ☐ Demolition | | | Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipme | | ment. |
| ✓ Addition/alteration/replacement | ☐ Other: | | materials, labor, overhead, and the profit for the work including this application. | | |
| CATEGORY OF | CONSTRUCTION | 333.8 | Valuation | | |
| ☐ 1- and 2-family dwelling | ☑ Commercial/industrial | | Number, of bedrooms: | | |
| ☐ Accessory building | ☐ Multi-family | | Number of bathrooms: | | |
| ☐ Master builder | ☐ Other: | | Total number of floors: | | |
| JOB SITE INFORMAT | ION AND LOCATION | | New dwelling area: | square feet | |
| Job site address: 9000 SW Gemini Drive | | | | square feet | |
| City/State/ZIP: Beaverton OR, 97008 | | | Garage/carport area: | | A |
| Suite/bldg./apt. no.: Building 8 | Project name: Nimbus Bldg 8 Paychex TI | | Covered porch area: | square feet | |
| Cross street/directions to job site: | | | Deck area: | square feet | <u></u> |
| | | | Other structure area: | square feet | |
| | 1. | | REQUIRED DATA: COMME | State of the state | |
| Subdivision: | Lot no.: | | Permit fees* are based on the value Indicate the value (rounded to the r | rearest dollar) of all equip- | ment, |
| Tax map/parcel no.: | | 30210 | materials, labor, overhead, and the this application. | profit for the work indicate | ed on |
| | N. OF WORK | 50.45 | Valuation | | 89,000 |
| THE SCOPE OF WORK FOR THE PROJECT INCLUDES INT APPROXIMATELY 10,242 SQUARE FEET ON THE FIRST FI | TERIOR TENANT IMPROVEMENTS OF LOOR, WORK TO INCLUDE DEMOLITION, NEW | . | Existing building area: | square feet | 10242 |
| WALLS, DOORS, RELITES, CABINETRY AND FINISHES. | • | | New building area: | square feet. | 10242 |
| | | | Number of stories: | | 1 |
| | ☐ TENANT | | Type of construction: | | III-B |
| Name: Shorenstein - Rob Fabian | | | Occupancy groups: | | В |
| Address: 5335 Meadows Road, Suite 275 | | | Existing: | | В |
| City/State/ZIP: Lake Oswego, OR 97035 | | | New: | | В |
| Phone: (503) 412-4844 | Fax: | | NOTI | GE | |
| E-mail: rlabian@shorenstein.com | | obsolito. | All contractors and subcontractors | are required to be license | d with |
| ☑ APPLICANT | ☐ CONTACT PERSON | | the Oregon Construction Contractor may be required to be licensed in the | ors Board under ORS 701 | and |
| Business name: Mackenzie | - Land Opening | | being performed. If the applicant is following reasons apply: | exempt from licensing, th | 10 |
| Contact name: Christine Mack | | | Existing vacant tenant space, new tenant | in Payahay | |
| Address: 1515 SE Water Ave, Suite 100 | | | Existing vacant tenant space, new tenant | is r aycliex, | |
| City/State/ZIP: Portland, OR 97214 | | | | | |
| Phone: (503) 224-9560 | Fax: | | | | |
| E-mail; cmack@mcknze.com | | | | | No seuses |
| CONTRA | CTOR | | BUILDING PEI | RMIT FEES* | |
| Business name: Russell Construction - Donn Sturdivant | | | Please refer to | | |
| Address: 20915 SW 105th Ave | | | Fees due upon application | \$1,294.0 | 15 |
| City/State/ZIP: Tualatin, OR 97062 | | | Amount received | | |
| Phone: (503) 692-9002 | Fax: | | Date received: | | |
| CCB lic.: 58918 | | | This permit application expire | es if a permit is not obtain | ined |
| Authorized | • | | within 180 days after it has b | een accepted as comple | ete |

Date:

08/20/19

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

SFD GARAGE CONVERSION

(Approved)

Building Permit Application

Beaverton

Print name:

Ioo Rotta

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

| OFFICE USE ONLY | | | | |
|---------------------------|------------------------|--|--|--|
| Date Received: 09/19/2019 | Permit No.: B2019-3941 | | | |
| Date Issued: (13 %) G | (BW/C) | | | |
| | Payment Type: | | | |

| · | BeavertonOregon.gov L | |
|---|--|--|
| 17 | PE OF WORK | REQUIR |
| ☐ New construction | ☐ Demolition | Permit fees* are Indicate the valu |
| ☑ Addition/alteration/replacement | ☐ Other: | materials, labor, this application. |
| CATEGOR | Y OF CONSTRUCTION | Valuation |
| ☑ 1- and 2-family dwelling | ☐ Commercial/industrial | Number, of b |
| ☐ Accessory building | ☐ Multi-family | Number of ba |
| ☐ Master builder | ☐ Other: | Total number |
| JOB SITE INF | DRMATION AND LOCATION | New dwelling |
| Job site address: 9805 SW Heather L | ane | Garage/carpo |
| City/State/ZIP: Beaverton, OR 97008 | 3 | |
| Suite/bldg./apt. no.: | Project name: Walker Residence | Covered por |
| Cross street/directions to job site: Intersec | tion with SW Scholls Ferry Rd | Deck area: |
| | · | Other structu |
| | Later Dooccac | REQUIRE Permit fees* are |
| Subdivision: | Lot no.: R206636 | Indicate the valu |
| Tax map/parcel no.: 1S123CA00900 | | materials, labor this application. |
| | RIPTION OF WORK | Valuation |
| | Not a separate dwelling unit (no cooking | Existing build |
| appliances provided). | | New building |
| | | Number of st |
| PROPERTY OWNER | ☐ TENANT | Type of cons |
| Name: Marcasa Walker | | Occupancy o |
| Address: 9805 SW Heather Lane | | Existing: |
| City/State/ZIP: Beaverton, OR | | New: |
| Phone: 972-887-0801 | Fax: | |
| E-mail: marcasa.walker23@gmail | .com | All contractors |
| | □ CONTACT PERSON | the Oregon Cor |
| Business name: Pro.com Home Serv | rices LLC | may be required being performe |
| Contact name: Permit Tech | | following reason |
| Address: 2033 6th Ave #236 | | |
| City/State/ZIP: Seattle, WA 98121 | | |
| Phone: 206-735-4682 | Fax: | |
| E-mail: permits@pro.com | | |
| C | ONTRACTOR | |
| Business name: Pro.com Home Serv | vices LLC | |
| Address: 2033 6th Ave #236 | | Fees due upon |
| City/State/ZIP: Seattle, WA 98121 | | Amount receive |
| Phone: 800-597-4776 | Fax: | Date received: |
| CCB lic.: 224225 | | This permit |
| Authorized signature: | | within 180 |

Date:

9-18-2019

| REQUIRED DATA: 1- AND 2-FAMILY DWELLING | | | | |
|--|---|-------------|---|--|
| Permit fees* are based on the value of the indicate the value (rounded to the nearest c materials, labor, overhead, and the profit fo this application. | dollar) o | f all equ | ipment, | |
| Valuation | | (| 96,232 | |
| Number, of bedrooms: | | | + 1 | |
| Number of bathrooms: | | | + 1 | |
| Total number of floors: | | | 1 | |
| New dwelling area: | square | feet | + 400 | |
| Garage/carport area: | square | feet | - 400 | |
| Covered porch area: | square | feet | | |
| Deck area: | sr | W^{al} | | |
| Other structure area: | :quare | feet | | |
| REQUIRED DATA: COMMERCIAL- | and an experience | OCONTANTOS. | 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit fo this application. | dollar) c | of all equ | uipment, | |
| Valuation | | | | |
| Existing building area: | square | feet | | |
| New building area: | square | eet . | | |
| Number of stories: | | | | |
| Type of construction: | | | | |
| Occupancy groups: | | | | |
| Existing: | | | | |
| New: | | | *************************************** | |
| NOTICE | | | | |
| All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: | | | | |
| BUILDING PERMIT F | ASSESSMENT OF THE PARTY OF THE | | | |
| Please refer to fee sch | eauie T | | 050 70 | |
| Fees due upon application | | | 650.78 | |
| Amount received | | | | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

C---- D70 4004



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.get

| | OFFICE USE ONLY |
|----------------|-----------------------|
| Date Received: | Permit No.: 2007-475- |
| Date Issued: | NOIS BYN |
| | Payment Type: |

| TYPE OF | WORK | | |
|---|--|--|--|
| ☐ New construction | ☐ Demolition | | |
| Addition/alteration/replacement | 🗹 Olher: Solar PV Array | | |
| CATEGORY OF | CONSTRUCTION | | |
| ☑ 1- and 2-family dwelling | ☐ Commercial/Industrial | | |
| ☐ Accessory building | ☐ Multi-family | | |
| ☐ Maeler builder | C Other: | | |
| TAMROĪVILĀTĪB BOL | ION AND LOGATION | | |
| Job sile address: 8025 Southwest Schiller | Road | | |
| City/State/ZIP: Portland, OR 97225 | | | |
| Sulte/bidg./apt. no.: | Project name: 178047 Ward | | |
| Cross street/directions to job site: | | | |
| • | and the second s | | |
| D. b. W. d. Carre | Lot no.: | | |
| Subdivision: | Lot no.: | | |
| Tax map/parcel no.: | LOE WORK | | |
| World Strategies and | 2V05Y01348331XX07-X3372325-511 | | |
| 18.525 kW Solar PV Array to be Insta | lled on Roof | | |
| | | | |
| | | | |
| Z) PROPERTYLOWNERS | C) TENANT | | |
| Name: Rachel Ward | | | |
| Address: 8025 Southwest Schiller Road | | | |
| City/State/ZIP: Portland, OR 97225 | | | |
| Phone: (503) 819-3005 | Fax: | | |
| E-mail: rachelchristineward@gmail.com | | | |
| TAĞİLERA 🖫 | 回 CONTACT PERSON | | |
| Business name: Auric Solar LLC | | | |
| Contact name: Mitchell Hampton | | | |
| Address: 9530 SW Tualatin-Sherwood F | Rd | | |
| City/State/ZIP: Tualatin, OR 97062 | | | |
| Phone: (971) 803-1803 | Fax: | | |
| E-mall: mitchell.hampton@auricenergy. | com | | |
| CONTRA | TOR | | |
| Business neme: Auric Solar LLC | | | |
| Address: 9530 SW Tualatin-Sherwood Rd | | | |
| City/state/ZIP: Tualatin, OR 97062 | | | |
| Phone: (971) 803-1803 | Fax: | | |
| CCB No.: 212831 | | | |
| Authorized Witchell Hampton signature: | r | | |

Dale:

| Payment Type | <u> </u> |
|---|--|
| REQUIRED DAYA (FAND 2-P | MILY DWELLING |
| Permit fees* are based on the value of t indicate the value (rounded to the neare materials, labor, overhead, and the profi this application. | he work performed, ist doller) of all equipment, |
| Valuation | \$37,050.00 |
| Number, of bedrooms: | |
| Number of bathrooms: | |
| Total number of floors: | |
| New dwelling area: | square (set |
| Garage/carport area: | square feet |
| Covered porch area: | square feet |
| Deck area: | square feel |
| Other structure area: | square feet |
| REQUIRED DATA GOMMERGIA | (LIVSEICHECKLIST |
| Permit fees* are based on the value of indicate the value (rounded to the neare materials, labor, overhead, and the prof this application. | he work performed. set dollar) of all equipment. |
| Valuation | |
| Existing building area: | square feel |
| New building area: | aquare feet |
| Number of stories: | |
| Type of construction: | |
| Occupancy groups: | 4.00 p. 4.00 p |
| Existing: | |
| New: | |
| NOTICE | |
| All contractors and subcontractors are the Oregon Construction Contractors B may be required to be licensed in the jubeling performed, if the applicant is exertallowing reasons apply: | oard under ORS 701 and |
| Please refer to fee s Fees due upon application Amount received | SOMEOSITION OF THE PART OF THE |
| Date received: | |
| | |

This permit application expires if a permit is not obtained within 160 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

ELECTRONIC SUBMINITIA Permit Application SEE I:/BLDG DIV Wandity Development Department Building Division

Authorized signature:

Print name:

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Date Received:

Date issued:

Phone: (503) 526-2493 Fax: (503) 526-2550

| OFFICE | JSE ONLY | |
|---------|------------------------|---|
| '6/2018 | Permit No.: B2018-6077 | |
| A JOSEK | BX | _ |
| , , | | |

| OREGON | General Information (503) 526-2222 BeavertonOregon.gc | CITY OF BEAVERTON Payment Type: |
|--|--|--|
| in the contract of the contrac | YPE OF WORK | BULDING DUISE PATA: 1- AND 2-FAMILY DWELLING |
| ☑ New construction | ☐ Demolition | Permit fees* are based on the value of the work performed indicate the value (rounded to the nearest dollar) of all equipment |
| ☐ Addition/alteration/replacement | ☐ Other: | materials, labor, overhead, and the profit for the work indicated of this application. |
| CATEGOR | Y OF CONSTRUCTION | Valuation |
| 1- and 2-family dwelling | ☑ Commercial/industrial | Number, of bedrooms; |
| ☐ Accessory building | ☐ Multi-family | Number of bathrooms: |
| ☐ Master builder | ☐ Other: | Total number of floors: |
| JOB SITE INFO | ORMATION AND LOCATION | |
| Job site address: 12715 SW 172N | ID AVENUE | |
| City/State/ZIP: Beaverton, OR 97007 | 7 | Garage/cerport area: square feet |
| Suite/bidg./apt. no.: | Project name: South Cooper Mo | Intain Covered porch area: square feat |
| Cross street/directions to job site: NF Corr | ner of 175th Ave & SW Scholls Fer | Deck area: square feet |
| 112 5511 | <u> </u> | Other structure area: square feet |
| | | REQUIRED DATA: COMMERCIAL-USE CHECKLIST |
| Subdivision: | Lot no.: | Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment |
| Tax map/parcel no.: 2S106AC00200 | and the second s | materials, labor, overhead, and the profit for the work indicated of this application. |
| DESCI | RIPTION OF WORK | Valuation \$5,930,930.2 |
| | ction of a two-level, partially sub-gr | ade Svieting hyllating array square feet N |
| detached parking structure that the garage is | will provide parking for a future mule naturally ventilated and has open | i-tamily |
| access between floors. The cons | struction type is II-B and S-2 occup | |
| PROPERTY OWNER | CI TENANT | Type of construction: |
| Name: AG Spanos Companies | | |
| Address: 10220 SW Greenburg Rd | L Tower 2, Suite 530 | |
| City/State/ZIP: Portland/ Oregon/ 97 | | Existing: |
| Phone: (503) 272-8833 | Fax: | New: 2 Story Detached Parking Garage |
| E-mail: mauch@agpsanos.com | | NOTICE |
| □ APPLICANT | ☑ CONTACT PERSON | All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and |
| Business name: KEPHART | | may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the |
| Contact name: Jon Webb | | following reasons apply: |
| Address: 2555 Walnut Street | AND A SECOND RESIDENCE OF THE PROPERTY OF THE | |
| City/State/ZIP: Denver, CO 80205 | | (Aminora de Caracina de Caraci |
| | Fax: (303) 832-4476 | |
| Phone: (303) 832-4474 | 118. (303) 032-4410 | - |
| E-mail: jonw@kephart.com | NTEACTOR | BUILDING PERMIT FEES* |
| CONTRACTOR | | Please refer to fee schedule |
| Business name: AG Spanos Companies | | Fees due upon application \$21,342.57 |
| Address: 10220 SW Greenburg Rd | | QL I JO CAROL |
| City/State/ZIP: Portland/ Oregon/ 97 | | Amount received |
| Phone: (503) 272-8833 | Fax: | Date received: |
| CCB lic.1209809 | | This permit application expires if a permit is not obtained |

Date: 12/20

within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board



Print name:

Darin Bouska

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

| OFFICE USE ONLY | | | | |
|---------------------|-------------------------|--|--|--|
| Date Received: | Permit NoB 2019 - 47-70 | | | |
| Date Issued: 8 2019 | 161 | | | |
| | Payment Type: | | | |

| | Terrorio de la companya del companya de la companya del companya de la companya d | |
|--|--|--|
| Control Court Court of Court in the Court of Cou | TYPE OF WORK | REQUIRED DATA: 1- AND 2-FAMILY DWELLING Permit fees* are based on the value of the work performed. |
| New construction | ☐ Demolition | Indicate the value (rounded to the nearest dollar) of all equipment materials, labor, overhead, and the profit for the work indicated or |
| ☑ Addition/alteration/replacement | Other: | this application. |
| CATEGO | RY OF CONSTRUCTION | Valuation |
| ☐ 1- and 2-family dwelling | ☑ Commercial/industrial | Number. of bedrooms: |
| ☐ Accessory building | ☐ Multi-family | Number of bathrooms: |
| ☐ Master builder | ☐ Other: | Total number of floors: |
| | FORMATION AND LOCATION | New dwelling area: square feet |
| Job site address: 11350 SW Canyon | | Garage/carport area: square feet |
| City/State/ZIP: Beaverton OR 9700 | | Covered porch area: square feet |
| Suite/bldg./apt, no.: 150 | Project name: Monkey Subs | |
| Cross street/directions to job site: | | Deck area: square feet |
| | | Other structure area: square feet |
| | T.: | REQUIRED DATA: COMMERCIAL-USE CHECKLIST |
| Subdivision: | Lot no.: | Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment |
| Tax map/parcel no.: | | materials, labor, overhead, and the profit for the work indicated on this application. |
| | спитиом от work ded Ceiling System, for new Sandwi | Valuation 62,00 |
| Shop | ded Centing System, for new Candwin | Existing building area: 1,018 TI square feet |
| | | New building area: square feet |
| | | Number of stories: |
| ☐ PROPERTY OWNER | ☐ TENANT | Type of construction: |
| Name: Elliot Properties, Inc. | | |
| Address: 735 SW 20th Place, Suit | te 220 | Occupancy groups: |
| City/State/ZIP: Portland OR 97205 | | |
| Phone: 503-292-7733 | Fax: | |
| E-mail: | | NOTICE |
| | □ CONTACT PERSON | All contractors and subcontractors are required to be licensed wit the Oregon Construction Contractors Board under ORS 701 and |
| Business name: NW Precision Design | gn | may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the |
| Contact name: Darin Bouska | | following reasons apply: |
| Address: 17407 SW Inkster Drive | | |
| City/State/ZIP: Sherwood, OR 9714 | 0 | |
| Phone: 503-680-6444 | Fax: | |
| E-mail: Darin@NW-Precision.com | | |
| | ONTRACTOR | BUILDING PERMIT FEES* |
| Business name: Feinauer & Son, LL | C | Please refer to fee schedule |
| Address: 7243 SW Applegate Dr. | | Fees due upon application 2, 223,5 |
| city/State/ZiP: Aloha, OR 97007 | | Amount received |
| Phone: 971-404-8232 | Fax: | Date received: |
| CCB lic.; 199803 | | |
| Authorized | | This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete |
| signature: | | • |

Date:

10/23/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
Beaverton Oregon gov

RECEIVED

Date Receive/30/2019 Permit No.: B2019-4487 Date Issued: BAVERTON Payment Type:

| (u a e u u a a conc | Beaverton Oregon.gov | | | BEAVERTON | Payment Type: | | |
|--|--|-----------------|--|--|--|---------------------------------------|---------------------------------------|
| TYPE | if work | BUI | | IG DIVISION REQUIRED DATA | (1- AND 2-FAM | ILY DWELLIN | ă Werle |
| ☐ New construction | ☐ Demotition | | Pi | ermit fees* are based or | the value of the | work performed | d. |
| Addition/alteration/rep/acement | ☑ Other: Patio Enclosure | | m | dicate the value (rounde eterials, labor, overhead | ia to the nearest of I, and the profit fo | or the work indic | apment, cated on |
| | CONSTRUCTION | 73.9EN. | | is application. aluation | | \$28 | 000.00 |
| ☑ 1- end 2-family dwelling | ☐ Commercial/industrial | ********** | <u> </u> | | | Ψ00, | 000.00 |
| ☐ Accessory building | ☐ MultI-family | | | Number, of bedrooms: | | | |
| ☐ Master builder | Other: | | | Number of bathrooms: | | | |
| | TION AND LOCATION | | - | Total number of floors: | | · | |
| Job site address: 8397 SW Sunstone Loc | | | | New dwelling area: | | square feet | |
| City/State/ZIP: Beaverton, Or 97007 | ,h | | | Garage/carport area: | | square feet | |
| Suite/bldg./apt. no.: | Project name: Burghardt | | | Covered porch area: | | square feet | 216 |
| Cross street/directions to job site: SW 155 / SV | 1 | | | Deck area: | | square feet | |
| Choss are endine choics to job sale. | T COALOTT IN CONTRACT THE | | | Other structure erea: | | square feet | |
| | · | | | REQUIRED DATA | COMMERCIAL | USE CHECKLI | ST |
| Subdivision: Sexton Mt | Lot no.: | | | ermit fees* are based or | | | |
| Tax map/parcel no.: 1S129AB13100 | \ | | m | idicate the value (rounde aterials, labor, overhead | | | |
| DESCRIPTIO | N'OF WORK | | | als application. | | · · · · · · · · · · · · · · · · · · · | · |
| Adding a new 16' x 13.5' Unconditioned | patio enclosure to back patio area | over | | | | | |
| new deck | | | | Existing building area: | - · · · · · · · · · · · · · · · · · · · | square feet | |
| | | | ļ | New building area: | ······································ | square feet | |
| | | 983448A (1860) | | Number of stories: | | | · |
| Z. PROPERTY OWNER | (I) TENANT | | _ | Type of construction: | | | |
| Name:Ernest Burghart | | | | Occupancy groups: | | | · · · · · · · · · · · · · · · · · · · |
| Address: 8397 SW Sunstone Loop | ^= | ··· | | Existing: | | | |
| City/State/ZIP: Beaverton, Oregon 970 | | | | New: | | | |
| Phone: 720-409-7800 | Fax: | | | | NOTICE | | Fairl F |
| E-mail: | 41 | | | Il contractors and subco | | | |
| ☑ APPLICANT | ☐ CONTACT PERSON | 1000.000 | m | e Oregon Construction (ay be required to be lice | ensed in the jurisd | diction in which | work is |
| Business name: May Awning & Patio Co, | | | | eing performed, if the ap illowing reasons apply: | plicant la exempt | from ilcensing, | , the |
| Contact name: Bill Moore | | | | | | | |
| Address: 5220 NE Columbia | Andrew Control of the | | | | | | |
| City/State/ZIP:Portland, Or 97218 | 44. | | | | | | |
| Phone: 503-282-0140 | Fex: 503-282-1426 | | | | | | |
| E-mail: mayawning@msn.com | | vienversion vas | 900). | | | | |
| CONTRA | | | 逶 | -1245-1450.V2.)/-(25) ₋₄₁ 26-1420 | ING PERMIT F | a maritaria | i sa waa |
| Business name: May Awning & Patio Co. | / Patio Innovations | | | | e refer to fee sche | edule | |
| Address: | 4,444 | | F | ees due upon application | <u>n</u> | | |
| City/State/ZIP: | | | A | mount received | | | |
| Phone: | Fax: | | D | ate received: | | | |
| CCB IIc.: 127345 | | | | This permit application | on expires if a pr | ermit is not ob | tained |
| Authorized | | | | within 180 days afte | | | |

Date:

09/24/2019

Print name:

Bill Moore

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

CHC SITE WORK

APPRQYLLED

Building Permit Application

CITY OF BEAVERTON BUILDING DIVISION



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

| OFFICE | USE ONLY |
|---------------------------|------------------------|
| Date Received: 09/05/2019 | Permit No.: B2019-3750 |
| Date Issued: 1115 | By: CACO |
| | Payment Type: |

| · | BeavertonOregon.gov L | |
|---|-------------------------------------|--------------------------|
| | TYPE OF WORK | R |
| ☑ New construction | ☐ Demolition | Permit fe |
| Addition/alteration/replacement | ☐ Other: | materials this applie |
| CATEGO | ORY OF CONSTRUCTION | Valuation |
| 1- and 2-family dwelling | ☑ Commercial/industrial | Numb |
| ☐ Accessory building | ☐ Multi-family | Numb |
| ☐ Master builder | ☐ Other: | Total |
| JOB SITE IN | NFORMATION AND LOCATION | New d |
| Job site address: 1S109AD / TL350 | 0 | Garag |
| City/State/ZIP: Beaverton, OR 970 | 05 | Cover |
| Suite/bldg./apt. no.: | Project name: CHC - Lot 2 | |
| Cross street/directions to Job site; SW C | edar Hills Blvd and SW Jenkins Road | Deck |
| | | Other |
| | Lot no.: 3500 | Permit fe |
| Subdivision: | | Indicate t |
| Tax map/parcel no.: 1S109AD / TL3 | | materials this appli |
| Site work associated with (2) n | SCRIPTION OF WORK | Valuation |
| Site work associated with (2) in | lew Continuercial buildings | Existi |
| | - | New t |
| | | Numb |
| | ☐ JENANT | Туре |
| Name: Mall 2 LLC | | Occup |
| Address: 1701 SE Columbia Rive | er Drive | |
| City/State/ZIP: Vancouver, WA 986 | 361 | |
| Phone: (503) 283-5365 | Fax: | |
| E-mail: sgarey@cejohn.com | | All contra |
| | CONTACT PERSON | ine Oreg |
| Business name: DOWL | | may be r |
| Contact name: Mike Towle, PE | | following |
| Address: 720 SW Washington St | reet, Suite 750 | |
| City/State/ZIP: Portland, OR 97205 | 5 | |
| Phone: (971) 280-8645 | Fax: | |
| E-mail: mtowle@dowl.com | | |
| | CONTRACTOR | |
| Business name: TBD | | |
| Address: | | Fees du |
| City/State/ZIP: | | Amount |
| Phone: | Fax: | Date rec |
| CCB IIc.: | | This |
| Authorized Authorized signature: | | with |
| Print name: | Date: 9/5/17 | * Fee i |

Mike Towle, PE

| 1. dyman (1) po | - |
|--|---|
| REQUIRED DATA: 1- AND 2-FA | MILY DWELLING |
| Permit fees* are based on the value of the indicate the value (rounded to the neare materials, labor, overhead, and the profit this application. | he work performed. st dollar) of all equipment. |
| Valuation | |
| Number, of bedrooms: | |
| Number of bathrooms: | |
| Total number of floors: | |
| New dwelling area: | square feet |
| Garage/carport area: | square feet |
| Covered porch area: | square feet |
| Deck area: | square feet |
| Other structure area: | square feet |
| REQUIRED DATA: COMMERCIA | |
| Permit fees* are based on the value of t indicate the value (rounded to the neare materials, labor, overhead, and the profi this application. | st dollar) of all equipment, I for the work indicated on |
| Vajuation | \$75,000 |
| Existing building area; | square feet |
| New building area: | square feet |
| Number of stories: | |
| Type of construction: | - |
| Occupancy groups: | |
| Existing: | |
| New; | |
| NOTICE | |
| All contractors and subcontractors are reline Oregon Construction Contractors Bornay be required to be licensed in the juiceling performed. If the applicant is exert following reasons apply: | pard under ORS 701 and risdiction in which work is |
| BUILDING PERMIT Please refer to fee so | chedule |
| Fees due upon application | \$454.20 |
| Amount received | |
| l cara annulumb | |

This permit application expires if a permit is not obtained within 160 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

VELBETRADHO SEE 1:/BLDG

signature:

Print name:

Matthew Bray- GBD Architects

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

| OFFICE USE ONLY | | | | |
|---|------------------------|--|--|--|
| Date Received: 6-21-19 | Permit No.: B2019-2698 | | | |
| Date Issued: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 1 By: Clean | | | |
| | Payment Type: | | | |

| DEEL/DEDG | BeavertonOregon.ge | | | | |
|---|---------------------------------|--|--|--|--|
| TYPE C | DF WORK | | | | |
| ☐ New construction | ☐ Demolition | | | | |
| ☑ Addition/alteration/replacement | Other: | | | | |
| CATEGORY OF | CONSTRUCTION | | | | |
| ☐ 1- and 2-family dwelling | ☑ Commercial/industrial | | | | |
| ☐ Accessory building | ☐ Multi-family | | | | |
| ☐ Master builder | Other: | | | | |
| JOB SITE INFORMA | TION AND LOCATION | | | | |
| Job site address: 2865 SW Cedar Hills Bo | pulevard | | | | |
| City/State/ZIP: Beaverton, OR 97005 | | | | | |
| Suite/bldg./apt. no.: | Project name: CHC Lot 2 Bldg 14 | | | | |
| Cross street/directions to job site: SW Corner of Jenkins Roa | | | | | |
| Subdivision: | Lot no.: Tax Lot 3500 | | | | |
| Tax map/parcel no.: MAP # 1S109AD | | | | | |
| DESCRIPTIO | ON OF WORK | | | | |
| | □ TENANT | | | | |
| Name: Mall 2, LLC | | | | | |
| Address: 1701 SE Columbia River Dr | rive | | | | |
| City/State/ZIP: Vancouver, WA 98661 | • | | | | |
| Phone: (360) 823-2779 | Fax: | | | | |
| E-mail: sgarey@cejohn.com | | | | | |
| ☑ APPLICANT | ☐ CONTACT PERSON | | | | |
| Business name: GBD Architects, Incorpo | prated | | | | |
| Contact name: Matthew Bray | | | | | |
| Address: 1120 NW Couch Street, | Suite #300 | | | | |
| City/State/ZIP: Portland, OR 97209 | | | | | |
| Phone: (503) 224-9656 | Fax: | | | | |
| E-mail: matthew@gbdarchitects.com | | | | | |
| CONTR | ACTOR | | | | |
| Business name: James E. John Construc | etion Co, Inc. | | | | |
| Address: 1701 S.E. Columbia River Dr. | | | | | |
| City/State/ZIP: Vancouver, WA 98661 | | | | | |
| Phone: (360) 750-0299 | Fax: | | | | |
| CCB IIc.: 63261 | | | | | |
| Authorized | | | | | |

Date:

06/20/19

| REQUIRED DATA: 1- AND | 2-FAMILY DWELLIN | G | |
|--|--|-------------------|--|
| Permit fees* are based on the value Indicate the value (rounded to the n materials, labor, overhead, and the this application. | earest dollar) of all eq | uipment, | |
| Valuation | | | |
| Number. of bedrooms: | | | |
| Number of bathrooms: | | | |
| Total number of floors: | | | |
| New dwelling area: | square feet | | |
| Garage/carport area: | square feet | | |
| Covered porch area: | square feet | | |
| Deck area: | square feet | | |
| Other structure area: | Other structure area: square feet | | |
| REQUIRED DATA: COMME | RCIAL-USE CHECKL | IST | |
| Permit fees* are based on the value Indicate the value (rounded to the n materials, labor, overhead, and the this application. | earest dollar) of all eq | uipment, | |
| Valuation | \$5 | 00,000 | |
| Existing building area: | square feet | 0 | |
| New building area: | square feet | 4,141 | |
| Number of stories: | | 1 | |
| Type of construction: | | V-B | |
| Occupancy groups: | | A-2 | |
| Existing: | | N/A | |
| New: | | A-2 | |
| NOTIC |)E | | |
| All contractors and subcontractors at the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply: | rs Board under ORS 7 ne jurisdiction in which | 01 and work is | |
| BUILDING PER Please refer to t | Service a Report of the engine in a great | | |
| Fees due upon application | \$3,288.0 |)7 | |
| 1 Bes due apoir application | 40/2001 | | |
| Amount received | ΨΟ/2-30.1 | | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department
Bullding Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

| DECEMBE | |
|---------------------------|------------------------|
| OFFICE | USE ONLY |
| Date Received: 11/12/2019 | Permit No.: B2019-4709 |
| Date Issued: 111310 | By: Clell |
| CITY OF BEAVERTO | Payment Type: |

| The Deaver to 1 | General Information (503) 526-2222 | CIT | Υ | OF BEAVERTON Payment Ty | pe: | | |
|--|--|--------------|-------------------|---|----------------------------------|--|--|
| • | BeavertonOregon.gov L | BU | 卩 | DING DIVISION. | FAMILY NWELLING | | |
| TYPE OF WORK | | | 1 | Permit fees* are based on the value of the work performed. | | | |
| ☐ New construction | ☐ Demolițion | | | Indicate the value (rounded to the nearest dollar) of all equipme materials, labor, overhead, and the profit for the work indicated | | | |
| Addition/alteration/replacement | Other: | | Li | his application. | | | |
| CATI | EGORY OF CONSTRUCTION | | Ľ | Valuation | \$6,900.00 | | |
| 1- and 2-family dwelling | ☐ Commercial/industrial | | | Number, of bedrooms: | | | |
| Accessory building | ☐ Multi-family | | | Number of bathrooms: | | | |
| ☐ Master builder | Master builder | | | Total number of floors: | | | |
| JOB SITI | E INFORMATION AND LOCATION | <u>::-::</u> | | New dwelling area: | square feet | | |
| Job site address: 14205 SW Yea | arling Way | | | Garage/carport area: | square feet | | |
| City/State/ZIP: Beaverton , OR | 97008 | | r | Covered porch area: | square feet | | |
| Suite/bidg./apt. no.; | Project name: Walker 33993 | | r | Deck area: | square feet | | |
| Cross street/directions to job site: | | | ŀ | Other structure area: | square feet | | |
| | | 1 | 7 | REQUIRED DATA: COMMER | CIAL-USÉ CHECKLIST | | |
| | Lot no.: | | ŀ | Devel fount are based on the value | of the work performed. | | |
| Subdivision: | | | | Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on | | | |
| Tax map/parcel no.: | DESCRIPTION OF WORK | | ŀ | this application. | | | |
| The said the said Brownis in the said the | | | - | Valuation | square feet | | |
| Encapsulate Crawlspace | | | - | Existing building area: | | | |
| | | | - | New building area: | square feet | | |
| | | | | Number of stories: | | | |
| Z PROPERTY OWNER | R TENANT | | Į | Type of construction: | | | |
| Name: Richard Walker | The second of th | | Occupancy groups: | | | | |
| Address: 14205 SW Yearling | Way | | Existing: | | | | |
| City/State/ZIP: Beaverton, OR | | | Ì | New: | | | |
| Phone: (503) 707-4247 | Fax: | | | NOTIC | | | |
| E-mail: | | | | All contractors and subcontractors | are required to be licensed with | | |
| APPLICANT | ☐ CONTACT PERSON | 20 | | the Oregon Construction Contractors board under One for the | | | |
| Business name: TerraFirma Fo | Business name: TerraFirma Foundation Systems | | | may be required to be incorrect in the performed. If the applicant is exempt from licensing, the following reasons apply: | | | |
| Contact name: Elenita Ronquil | lo | | | | | | |
| Address: 13110 SW Wall St | | | | | | | |
| City/State/ZIP: Tigard OR 9 | 7223 | | 1 | | | | |
| Phone: (503) 718-4533 | Fax: | | | | | | |
| E-mail: eronquillo@terrafirm | afs.com | | - | BUILDING PE | RMIT FEES! | | |
| | CONTRACTOR | | - | Please refer to fee schedule | | | |
| Business name: TerraFirma Foundation Systems | | | - | Fees due upon application | \$117.12 | | |
| Address: 13110 SW Wall St | | <u></u> | - | | ¥, | | |
| City/State/ZIP: Tigard, OR 97223 | | | - | Amount received | | | |
| Phone: (971) 205-5235 | Fax: | | - | Date received: | | | |
| CCB lic.: 173547 | | | J | This permit application expire within 180 days after it has i | es if a permit is not obtained | | |
| Authorized & | 0 . 1/2 . | | | Mittin 100 days sites it itse i | tanti manahana an antida ana | | |

Fee methodology set by Tri-County Building Industry Service Board

signature; Print name:



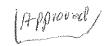
Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD

| OFFICE USE ONLY | | | |
|---|------------------------|--|--|
| Date Received: 11 13 19 | Permit No.: 82019-4726 | | |
| Date Issued: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | By: CLEU | | |
| Payment Type: | | | |

| | Beaverto | onOregon.g@ | Payı | nent rype. | | |
|--|-------------------------|----------------------|--|--|--------------------|--|
| | TYPE OF WORK | - Modulated | REQUIRED DATA: 1- | AND 2-FAMILY DWELLIN | G | |
| ☐ New construction | on Demolition | | Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, | | | |
| ☑ Addition/alteration/replacement | ☐ Other: | | materials, labor, overhead, and the profit for the work indicated this application. | | | |
| CATEGO | RY OF CONSTRUCTION | | Valuation | | | |
| 1- and 2-family dwelling | amily dwelling | | | Number, of bedrooms: | | |
| ☐ Accessory building | ☐ Multi-family | | Number of bathrooms: | | | |
| ☐ Master builder | ☐ Other: | - | Total number of floors: | | | |
| JOB SITE IN | FORMATION AND LOCATION | NC | New dwelling area: | square feet | | |
| Job site address: 6475 SW Fallbrook | ⟨ Pl | | | | | |
| City/State/ZIP: Beaverton OR, 9700 | 8 | | Garage/carport area: | square feet | | |
| Suite/bldg./apt. no.: | Project name: DC | S TI | Covered porch area: | square feet | | |
| Cross street/directions to job site: SW All | en and Fallbrook Pl | | Deck area: | square feet | ***** | |
| OW AIR | | | Other structure area: | square feet | 224-701010-00-0010 | |
| | | | The state of the second | IMERCIAL-USE CHECKL | | |
| Subdivision: | Lot no.: | | Permit fees* are based on the Indicate the value (rounded to | the nearest dollar) of all eq | uipment, | |
| Tax map/parcel no.: | | | materials, labor, overhead, and this application. | s, labor, overhead, and the profit for the work indicated or ication. | | |
| | CRIPTION OF WORK | | Valuation | | 6,000 | |
| Tenant Improvement adding op | en office 6' tall wood | parition walls, demo | Existing building area: | square feet | 11,765 | |
| portion of break and office wall new wall to create 2 smaller off | | | New building area: | square feet | 0 | |
| compressor. | ices fiear the front an | a ballaring / moving | Number of stories: | A CONTRACTOR OF THE CONTRACTOR | 1 | |
| PROPERTY OWNER | | ☐ TENANT | Type of construction: | V -B (sprir | ıklered) | |
| Name: M Cubed, LLC | | | Occupancy groups: | | B & F-1 | |
| Address: 4302 SW 40th Ave | | | Existing: | | | |
| City/State/ZIP: Portland, OR 97221 | | | New: | | | |
| Phone: (503) 307-3339 | Fax: | | Name of the color | IOTICE | | |
| E-mail: mikem@dcs-inc.net | | | All contractors and subcontrac | | need with | |
| ☑ APPLICANT | □ co | ONTACT PERSON | the Oregon Construction Conti may be required to be licensed | ractors Board under ORS 7 | 701 and | |
| Business name: Emerio Design | | | being performed. If the applica | int is exempt from licensing | , the | |
| Contact name: Sean Jackson | | | following reasons apply: | | | |
| Address: 6445 SW Fallbrook PI | | | | | | |
| City/State/ZIP: Beaverton OR 9700 | 8 | | | | | |
| Phone: (503) 746-8812 | Fax: (503) 639 | -9592 | | | | |
| E-mall: sean@emeriodesign.com | | | | | | |
| C | CONTRACTOR | | BUILDING | PERMIT FEES* | | |
| Business name: Raven and Associa | ites Inc. | | Please refe | er to fee schedule | | |
| Address: P.O. Box 278 | | | Fees due upon application | | | |
| City/State/ZIP: Gladstone OR 9702 | 7 | | Amount received | | | |
| Phone: (503) 658-6291 | Fax: | | Date received: | | | |
| CCB lic.: 114472 | | | This permit application ex | pires if a permit is not of | otained | |
| Authorized signature: | | | within 180 days after it h | as been accepted as con | nplete | |
| Print name: | | Date: | * Fee methodology set by Industry Service Board | / ITI-County Bullaing | | |

Fee methodology set by Tri-County B Industry Service Board

Form B70-1001



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

| | OFFICE I | USE ONLY |
|----------------|-------------|------------------------|
| ate Received: | 11/12/2019 | Permit No.: B2019-4688 |
| Date Issued: 1 | 13 19 | By: OCH |
| CITY | OF BEAVERTO | Payment Type: |
| | | · * • |



Print name:

| (0 " " 2 2 3 " | BeavertonOregon.gcm | | |
|---|----------------------------------|--|--|
| TYPE | OF WORK | | |
| ☐ New construction | ☐ Demolition | | |
| ☑ Addition/alteration/replacement | Other: | | |
| | CONSTRUCTION | | |
| ☑ 1- and 2-family dwelling | ☐ Commercial/industrial | | |
| ☐ Accessory building | ☐ Multi-family | | |
| ☐ Master builder | Other: | | |
| JOB SITE INFORMA | ATION AND LOCATION | | |
| Job site address: 2230 SW 77th Place | | | |
| City/State/ZIP: Portland, OR 97225 | | | |
| Suite/bldg./apt. no.: | Project name: Dowdy Residence | | |
| Cross street/directions to job site: | | | |
| V | | | |
| Subdivision: | Lot no.: | | |
| | R number R1462349 | | |
| | ION OF WORK | | |
| PROPERTY OWNER | ☐ TENANT | | |
| PROPERTY OWNER | □ (ENAN) | | |
| Name: Troy Dowdy | | | |
| Address: 2230 SW 77th Place | | | |
| city/State/ZIP: Portland, OR 97225 | | | |
| Phone: (503) 314-6041 | | | |
| r ii. | Fax: | | |
| E-mail: dowdywt@comcast.net | | | |
| ☐ APPLICANT | ☑ CONTACT PERSON | | |
| ☐ APPLICANT Business name: Bachelor General Conti | ☑ CONTACT PERSON | | |
| Business name: Bachelor General Control Contact name: Brian Bachelor | ☑ CONTACT PERSON | | |
| Business name: Bachelor General Control Contact name: Brian Bachelor Address: 5224 NE 42nd Ave. | ☑ CONTACT PERSON | | |
| Business name: Bachelor General Control Contact name: Brian Bachelor Address: 5224 NE 42nd Ave. City/State/ZIP: Portland, OR 97218 | ractor | | |
| Business name: Bachelor General Control Contact name: Brian Bachelor Address: 5224 NE 42nd Ave. City/State/ZIP: Portland, OR 97218 Phone: (503) 407-4229 | ☑ CONTACT PERSON | | |
| Business name: Bachelor General Control Contact name: Brian Bachelor Address: 5224 NE 42nd Ave. City/State/ZIP: Portland, OR 97218 Phone: (503) 407-4229 E-mail: brian@bachelorgc.com | ractor Fax: | | |
| Business name: Bachelor General Control Contact name: Brian Bachelor Address: 5224 NE 42nd Ave. City/State/ZIP: Portland, OR 97218 Phone: (503) 407-4229 E-mail: brian@bachelorgc.com CONT | (2) CONTACT PERSON ractor Fax: | | |
| Business name: Bachelor General Control Contact name: Brian Bachelor Address: 5224 NE 42nd Ave. City/State/ZIP: Portland, OR 97218 Phone: (503) 407-4229 E-mail: brian@bachelorgc.com | (2) CONTACT PERSON ractor Fax: | | |
| Business name: Bachelor General Control Contact name: Brian Bachelor Address: 5224 NE 42nd Ave. City/State/ZIP: Portland, OR 97218 Phone: (503) 407-4229 E-mail: brian@bachelorgc.com CONT | (2) CONTACT PERSON ractor Fax: | | |
| Business name: Bachelor General Control Contact name: Brian Bachelor Address: 5224 NE 42nd Ave. City/State/ZIP: Portland, OR 97218 Phone: (503) 407-4229 E-mail: brian@bachelorgc.com CONT | (2) CONTACT PERSON ractor Fax: | | |
| Business name: Bachelor General Control Contact name: Brian Bachelor Address: 5224 NE 42nd Ave. City/State/ZIP: Portland, OR 97218 Phone: (503) 407-4229 E-mail: brian@bachelorgc.com CONTROL Business name: Bachelor General Control Address: 5224 NE 42nd Ave. | (2) CONTACT PERSON ractor Fax: | | |
| Business name: Bachelor General Control Contact name: Brian Bachelor Address: 5224 NE 42nd Ave. City/State/ZIP: Portland, OR 97218 Phone: (503) 407-4229 E-mail: brian@bachelorgc.com CONT Business name: Bachelor General Control Address: 5224 NE 42nd Ave. City/State/ZIP: Portland, OR 97218 | Fax: RACTOR Tractor | | |
| Business name: Bachelor General Control Contact name: Brian Bachelor Address: 5224 NE 42nd Ave. City/State/ZIP: Portland, OR 97218 Phone: (503) 407-4229 E-mail: brian@bachelorgc.com CONT Business name: Bachelor General Control Address: 5224 NE 42nd Ave. City/State/ZIP: Portland, OR 97218 Phone: (503) 309-1420 | Fax: RACTOR Tractor | | |

Date:

11/11/19

| OF BEAVERTO(Payment T | vpe: |
|---|--|
| DING DIVIDION | |
| REQUIRED DATA: 1- AND 2 | |
| Permit fees* are based on the value indicate the value (rounded to the ne materials, labor, overhead, and the p this application. | arest dollar) of all equipment, |
| Valuation | 3000K |
| Number. of bedrooms: | |
| Number of bathrooms: | |
| Total number of floors: | |
| New dwelling area: | square feet |
| Garage/carport area: | square feet |
| Covered porch area: | square feet |
| Deck area: | square feet |
| Other structure area: | square feet |
| REQUIRED DATA: COMMER | 3.5 |
| Permit fees* are based on the value indicate the value (rounded to the naterials, labor, overhead, and the this application. | earest dollar) of all equipment, |
| Valuation | |
| Existing building area: | square feet |
| New building area: | square feet |
| Number of stories: | |
| Type of construction: | |
| Occupancy groups: | |
| Existing: | |
| New: | |
| NOTIC | |
| All contractors and subcontractors the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply: | rs Board under ORS 701 and ne lurisdiction in which work is |
| BUILDING PE | |
| Please refer to | |
| Fees due upon application | \$87.89 |
| Amount received | |
| Date received: | |
| | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Cause D70 1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

| OFFICE USE ONLY | | | | |
|---------------------|---------------------------|--|--|--|
| Date Received: 1930 | Permit No.:15 2019 - 4814 | | | |
| Date Issued: | | | | |
| 1119/2019 | Payment Type: | | | |

| Т | YPE OF WORK | REQUIRED DAT |
|--|--|---|
| ☐ New construction | ☐ Demolition | Permit fees* are based of Indicate the value (round |
| Addition/alteration/replacement | Other: | materials, labor, overhea |
| CATEGO | RY OF CONSTRUCTION | Valuation / 500 |
| 1- and 2-family dwelling | ☐ Commercial/industrial | Number, of bedrooms |
| ☐ Accessory building | Multi-family | Number of bathrooms |
| ☐ Master builder | Other: | Total number of floors |
| · · · · · · · · · · · · · · · · · · · | ORMATION AND LOCATION | New dwelling area: |
| Job site address: 37 90 5W / | TO B AVE | Garage/carport area: |
| City/State/ZIP: Beaverton | OK | Covered porch area: |
| Suite/bldg./apt. no.: 26, 27, 1, 2, 4 | Project name: Re - Koot | , |
| Cross street/directions to job site: | , | Deck area: |
| . * | | Other structure area: |
| | Latina | REQUIRED DATA |
| Subdivision: Tax map/parcel no.: | Lot no.: | Permit fees* are based of Indicate the value (round materials, labor, overhead this application. |
| | RIPTION OF WORK | Valuation |
| Kemove tile, Inst. | all 1/2 CDX plywood, experition shingle. | Existing building area |
| install so year co | mywrition shingle. | New building area: |
| | | Number of stories: |
| PROPERTY OWNER | ☐ TENANT | Type of construction: |
| Name: | | Occupancy groups: |
| Address: | | Existing: |
| City/State/ZIP: | | New: |
| Phone: | Fax: | Tion. |
| E-mail: | | |
| Business name: Mornson Contact name: Senn Wagn | contact person | All contractors and subc the Oregon Constructior may be required to be li- being performed. If the a following reasons apply: |
| | Peach tree Pr. Tigard | 1 |
| | • | 1 |
| City/State/ZIP: //gard OK Phone: 97/ 400 /288 | Fax: | |
| | nstruction Ile. Com | |
| 的复数形式 医大胆囊 医甲状腺 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基 | DNTRACTOR | BUIL |
| Business name: Morriton C | instruction LLC | Plea |
| | ch tree on Tigned | Fees due upon applicati |
| City/State/ZIP: Tigard 05 | | Amount received |
| Phone: 971-400-1288 | Fax: | Date received: |
| CCB tic.: 189900 | | This permit applicat within 180 days aft |
| Authorized signature: | | · · · · · · · · · · · · · · · · · · · |
| | | i * Fee methodology: |

| Payment | туре: |
|--|--|
| REQUIRED DATA: 1- ANI | 2-FAMILY DWELLING |
| Permit fees* are based on the value indicate the value (rounded to the materials, labor, overhead, and the this application. | nearest dollar) of all equipment |
| Valuation 158,000 | |
| Number, of bedrooms: | |
| Number of bathrooms: | |
| Total number of floors: | |
| New dwelling area: | square feet |
| Garage/carport area: | square feet |
| Covered porch area: | square feet |
| Deck area: | square feet |
| Other structure area: | square feet |
| REQUIRED DATA: COMME | RCIAL-USE CHECKLIST |
| Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application. | nearest dollar) of all equipment |
| Valuation | 8,000 |
| Existing building area: | square feet |
| New building area: | square feet |
| Number of stories: | |
| Type of construction: | |
| Occupancy groups: | |
| Existing: | |
| New: | • |
| NOT | CE |
| All contractors and subcontractors the Oregon Construction Contractor may be required to be licensed in being performed. If the applicant is following reasons apply: | ors Board under ORS 701 and the jurisdiction in which work is |
| | |
| | |
| , | |
| | |
| | |
| BUILDING PE | RMIT FEES* |
| BUILDING PE Please refer to | AND CONTROL OF THE PROPERTY OF |
| A STATE OF THE STA | AND THE PROPERTY OF THE PROPER |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Drew Carlson

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550

| OFFICE USE ONLY | | | | |
|--------------------------|--------------------------|--|--|--|
| Date Received: 11-20-19 | Permit No.: BQ019 - 4847 | | | |
| Date Issued: 1 - 20 -1 9 | By: M | | | |
| Payment Type: Visc | | | | |

| www.Beaver | tonOregon.gov/bib | rayment type. V () Summer |
|---|---------------------------------|---|
| TYF | E OF WORK | REQUIRED DATA: 1- AND 2-FAMILY DWELLING |
| ☐ New construction | Demolition | Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, |
| ☐ Addition/alteration/replacement | Other: | materials, labor, overhead, and the profit for the work indicated on this application. |
| CATEGORY | OF CONSTRUCTION | Valuation |
| ☑ 1- and 2-family dwelling | ☐ Commercial/industrial | Number, of bedrooms: |
| ☐ Accessory building | ☐ Multi-family | Number of bathrooms: |
| ☐ Master builder | Other: | Total number of floors: |
| JOB SITE INFO | RMATION AND LOCATION | New dwelling area: square feet |
| Job site address:9555 SW Diamond V | iew Way | Garage/carport area: square feet |
| City/State/ZIP: Beaverton, OR 97007 | | |
| Suite/bldg./apt. no.: | Project name: | Covered porch area: square feet |
| Cross street/directions to job site: | | Deck area: square feet |
| | | Other structure area: square feet |
| | | REQUIRED DATA: COMMERCIAL-USE CHECKLIST |
| Subdivision: | Lot no.: | Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, |
| Tax map/parcel no.: | | materials, labor, overhead, and the profit for the work indicated on this application. |
| | PTION OF WORK | Valuation |
| Optaining permit to final expired p B2014-3127. | ermits: B2014-0584, B2014-3128, | Existing building area: square feet |
| | | New building area: square feet |
| | | Number of stories: |
| PROPERTY OWNER | ☐ TENANT | Type of construction: |
| Name: Drew Carlson | | Occupancy groups: |
| Address:9555 SW Diamond View W | /ay | Existing: |
| City/State/ZIP:Beaverton, OR 97007 | | New: |
| Phone:(503) 679-4343 | Fax: | NOTICE |
| E-mail:drew78carlson@yahoo.com | | All contractors and subcontractors are required to be licensed with |
| ☑ APPLICANT | ☐ CONTACT PERSON | the Oregon Construction Contractors Board under ORS 701 and |
| Business name: | • | may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the |
| Contact name: same as owner | | following reasons apply: |
| Address: | | |
| City/State/ZIP: | | |
| Phone: | Fax: | |
| E-mail: | | |
| GON | TRACTOR | BUILDING PERMIT FEES! |
| Business name: same as owner | | Please refer to fee schedule |
| Address: | | Fees due upon application |
| City/State/ZIP: | | Amount received |
| Phone: | Fax: | Date received: |
| CCB lic.: | | This permit application expires if a permit is not obtained |
| Authorized signature: | 11-20-19 | within 180 days after it has been accepted as complete |
| Print name: | Date: | * Fee methodology set by Tri-County Building |

11/20/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

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Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2222 City OF PRAVESTAL Pay OFFICE USE ONLY Permit No.: B8019-4289



| A B B E O O W COSTO | Beaver | tonOregon.gog | Y O | E BEAVERTON Trayment Typ | | |
|---|--|--------------------------|--|--|---|---|
| TYPE OF | unital interession of the con- | | #-9 | ING DRESHAID DATA: 1- AND 2-F | AMILY DWELLIN | G 🐇 🐇 |
| ☐ New construction | ☐ Demolition | | .] [| Permit fees' are based on the value of Indicate the value (rounded to the near | ine work periorire | U. 1 |
| ☑ Addition/alteration/replacement | ☐ Other: | | 7 [| materiate, labor, overhead, and the prof this application. | it for the work Indi | cated on |
| GATEGORY OF | CONSTRUCTION | | | Valuation | , | |
| 1- and 2-family dwelling | ☑ Commercial/i | ndustrial | | Number, of bedrooms: | | |
| ☐ Accessory building | ☐ Multi-family | |] [| Number of bathrooms: | | |
| ☐ Master builder | ☐ Other: | | _ | Total number of floors: | | |
| JOB SITE INFORMAT | ION AND LOCAT | NON | <u> </u> | New dwelling prea: | square feet | |
| Job site address: 12370 SW 1st Street | | | - | Garage/carport area: | square feet | |
| city/state/ZIP: Beaverton, OR 97005 | · · · · · · · · · · · · · · · · · · · | | - | Covered porch area: | square feet | |
| Suite/bidgJapt. no.: | Project name: N | lcBride Optometrists | - | Deck area: square feet | | |
| Cross street/directions to lob site: SW Hall Blvd | and SW 1st | St | | Other structure area: | square feet | |
| | | | | REQUIRED DATA: COMMERCIA | AL-USE CHECKL | IST - |
| Subdivision: | Lot no.: R116 | 788 |] [| Permit lees' are based on the value of indicate the value (rounded to the near | the work performe | d. |
| Tax map/parcel no.; | | |]] | materials, labor, overhead, and the pro- | fit for the work indi | caled on |
| DESCRIPTION | N OF WORK - | | | this application. Valuation | \$1 | 46,000 |
| Exterior renovation of an existing 1-Si | lory, 2,400 sq | uare foot, type V-B | | Existing building area: | square feet | 2,400 |
| commercial building. No site or interio | r work is prop | bosed. | | New building area: | square feet | |
| | | | | Number of stories: | | 1-Story |
| ☑ PROPERTY OWNER | C VALUE OF | ☐ TENANT | | Type of construction: | | /pe V-B |
| Name: Charles McBride | | | ╛╽ | Occupancy groups; | | |
| Address: 12370 SW 1st Street | | | _ | Existing: | В | usiness |
| city/state/ZIP: Beaverton, OR 97005 | | | _ | New: | | |
| Phone: (503) 644-3614 | Fax: | | 41 | NOTICE | | News |
| E-mail: drc@drcharlesmcbrlde.com | | | 200 | All contractors and subcontractors are | required to be lice | nsed with |
| ☑ APPLICANT | 20 to 2 0 | CONTACT PERSON | | the Oregon Construction Contractors B | leard under ORS i unselletion in which | ron and I work is |
| Business name: Access Architecture | | 4 | being performed. If the applicant is exe following reasons apply: | mpt from licensing | j, the | |
| Contact name: Brendan Sanchez | | | - | | · · · · · · · · · · · · · · · · · · · | |
| Address: 400 Columbia Street, Ste 120 | | | 4 | | | |
| City/State/ZIP: Vancouver, WA 98660 | | | \dashv | | | |
| Phone: (503) 756-9213 | Fax: | | \dashv | | | |
| E-mail: brendan@access-arch.com | | 74.25.05.35.35.86.288.38 | Ç. | BUILDING PERMI | T FEES* | AUGEA |
| CONTRA | CIOK | | (9) | Please refer to fee | schedulo | 1 115,317 |
| Business name: NW Contracting LLC | ······································ | | - | Fees due upon application | \$1,750.0 |)5 |
| Address: | | | ┪ | Amount received | 1 | |
| City/State/ZIP: | Fax: | | 7 | Date recolved: | | |
| Phone: (503) 756-5219 CCB loa: 209370 17 | | | 1 | | | Litaria de la constanta de la |
| Authorized Authorized | | | | This permit application expires if within 180 days after it has been | a permit is not of accepted as cor | nplete |
| signature; | | l note: | ٦ | Fee methodology set by Tri-Co | ounty Building | |
| Print pame: 7/1 | | Date: 10/14/10 | \dashv | Industry Service Board | | EV 2/14 |
| Brendan Sanchez | | 10/14/19 | | Form B70-1001 | н | E.V 2119 |



Print name:

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

| DECENTAR | - Color Color |
|-------------------------|------------------------|
| OFFICE U | JSE ONLY |
| te Received: 10/23/2019 | Permit No.: B2019-4394 |
| te Issued: 2 XOA | |
| CITY OF REAVEDTON | Payment Type: |

| OREGON | General Information (503) 526-2222 BeavertonOregon.gen | CHY | <u> </u> | F BEAVERTON Payment | Type: | |
|--------------------------------------|---|--|----------|---|---------------------------|------------|
| | - | BYI | LE | NO DIVISION ATA: 1- AND | 2-FAMILY DWELLIN | G |
| | TYPE OF WORK | ************************************** | | Darmit fees* are based on the value | 3 Of ILIG MOLK herrorme | ,,, , |
| ☐ New construction | Demolition | | | Indicate the value (rounded to the n materials, labor, overhead, and the | profit for the work indi | icated on |
| ☐ Addition/alteration/replacement | ☑ Other: Storage Racking | | - | this application. | | |
| CAT | EGORY OF CONSTRUCTION | | - | Valuation | | |
| ☐ 1- and 2-family dwelling | ☑ Commercial/industrial | | _ | Number. of bedrooms: | | |
| ☐ Accessory building | ☐ Multi-family | | ļ. | Number of bathrooms: | | |
| Master builder | Other: | | | Total number of floors: | | |
| JOB SITI | E INFORMATION AND LOCATION | 3(0)46.70 | | New dwelling area: | square feet | W |
| Job site address: 10750 SW Den | nney Road | | Ī | Garage/carport area: | square feet | |
| City/State/ZIP: Beaverton, OR 9 | 7008 | | | Covered porch area: | square feet | |
| Suite/bldg./apt. no.: Suite 120 | Project name: TCS - Pallet Rackir | ıg | ŀ | Deck area: | square feet | |
| Cross street/directions to job site: | | | | Other structure area: | square feet | |
| • | | | | REQUIRED DATA: COMME | RCIAL-USE CHECK | LIST |
| Subdivision: | Lot no.: | | | Permit fees* are based on the value Indicate the value (rounded to the | e of the work perform | ed. |
| Tax map/parcel no.: W282080 | | | | materials, labor, overhead, and the | e profit for the work inc | dicated on |
| | DESCRIPTION OF WORK | | | this application. | | \$92,000 |
| | per attached plans and structural calcula | itions. | | Valuation Existing building area: | square feet | |
| Installation of pallet racking | per attached plans and et better at conserve | | | | square feet | N/A |
| | | | | New building area: Number of stories: | | 1 |
| PROPERTY OWNER | R ☑ TENANT | | | Type of construction: | | -E |
| Name: Tillamook Country Sn | December 1997 of the Control of the | | | Occupancy groups: | | |
| Address: 8335 N Hwy 101 | IONOI | | | Existing: | | B, F, S |
| City/State/ZIP: Bay City, OR 97 | 7107 | | | New: | no change p | |
| Phone: (503) 377-8222 | Fax: | A | 1 | NOT | | |
| | | | 1 | All contractors and subcontractors | | ensed with |
| E-mail: Z APPLICANT | ☑ CONTACT PERSON | | | the Oregon Construction Contractor may be required to be licensed in | tors Board under UKS | 5/01 and |
| Business name: Raymond Han | dling Concents Corp | | | being performed. If the applicant i | is exempt from licensi | ng, the |
| Contact name: Edward Schoch | | | 1 | following reasons apply: | | |
| Address: 3148 NE 181st Ave | | | | | | |
| City/State/ZIP: Portland OR 97 | | | 7 | | | |
| | Fax: | | | | | |
| Phone: (503) 260-4347 | | | | | | |
| E-mall: eschoch@raymondh | CONTRACTOR | | | BUILDING P | ERMIT FEES* | |
| Business name: Raymond Han | | | | Please refer t | to fee schedule | |
| | iding Concepts Colp | | | Fees due upon application | \$1,322 | 2.61 |
| Address: Edward Schoch | Ave. Portland OR 97230 | | 1 | Amount received | | |
| | Ave, Portland OR 97230 | | | Date received: | | |
| Phone: (503) 260-4347 | 1 644 | | \neg | | luce if a normit is not | t obtained |
| CCB IIc.: 227823 | | | | This permit application expl within 180 days after it has | s been accepted as c | complete |
| Authorized Signature: award S | Schoch | | _ | * Fee methodology set by T | Fri-County Building | |

Date:

10/00/110

Fee methodology set by Tri-County Building Industry Service Board



Print name:

Nick S Bocchetti

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

OFFICE USE ONLY Permit No. B2019-4496 Date Received: 10/30/2019 By: ML 54

Phone: (503) 526-2493 Fax: (503) 526-2550 Date Issued: 11-21-19

| OREGON Gener | al Information (503) 526-2222 V/TDD BeavertonOregon.gov | F | ayment Type: VISC |
|---|---|--|--|
| | TYPE OF WORK | REQUIRED DATA: | 1- AND 2-FAMILY DWELLING |
| ☐ New construction | Demolition | Permit fees* are based on | the value of the work performed. I to the nearest dollar) of all equipment, |
| ☑ Addition/alteration/replacement | Other: | materials, labor, overhead, | and the profit for the work indicated on |
| | RY OF CONSTRUCTION | this application. Valuation | |
| 1- and 2-family dwelling | ☑ Commercial/industrial | Number, of bedrooms: | |
| ☐ Accessory building | ☐ Multi-family | Number of bathrooms: | |
| ☐ Master builder | Other: | Total number of floors: | |
| JOB SITE IN | FORMATION AND LOCATION | | square feet |
| Job site address: 12325 SW Horizor | n Blvd | New dwelling area: | |
| City/State/ZIP: Beaverton, Oregon S | | Garage/carport area: | square feet |
| Sulte/bldg./apt. no.:31 | Project name: Dekalash | Covered porch area: | square feet |
| Cross street/directions to job site: Horizo | n and Barrows | Deck area: | square feet |
| Holizo | II and Banows | Other structure area: | square feet |
| | | 1867-76-722-75-722-75-75-75-75-75-75-75-75-75-75-75-75-75- | COMMERCIAL-USE CHECKLIST |
| Subdivision: | Lot no.: | Indicate the value (rounder | the value of the work performed. I to the nearest dollar) of all equipment, |
| Tax map/parcel no.: | | materials, labor, overhead, this application. | and the profit for the work Indicated on |
| DES | CRIPTION OF WORK | Valuation | 975.00 |
| Relocate pendent heads to acc | comodate new walls and add 2 heads | Existing building area: | square feet |
| | · | New building area: | square feet 1250 |
| • | | Number of stories: | 1 |
| PROPERTY OWNER | ☑ TENANT | Type of construction: | Tenant Improvement |
| _{Name:} Dekalash | | Occupancy groups: | |
| Address:12325 SW Horizon Blvd | Ste 31 | Existing: | Light Hazard |
| City/State/ZIP:Beaverton, Oregon | 97007 | New: | Light Hazard |
| Phone: | Fax: | | NOTICE |
| E-mail: | | All contractors and subcon | tractors are required to be licensed with |
| ☑ APPLICANT | ☑ CONTACT PERSON | the Oregon Construction C | Contractors Board under ORS 701 and nsed in the jurisdiction in which work is |
| Business name: Fire One Fire Syste | ems, INC | being performed. If the apply: | plicant is exempt from licensing, the |
| Contact name: Nick Bocchetti | | tollowing reasons apply. | |
| Address:Po Box 734 | | | |
| City/State/ZIP:Oregon City, Orego | n 97045 | | |
| Рһоле:(503) 557-9050 | Fax:(503) 557-9268 | | |
| E-mall:nick@fireone.org | | | |
| | CONTRACTOR | BUILD | NG PERMIT FEES* |
| Business name: Fire One Fire Syste | ems, INC | Please | refer to fee schedule |
| Address:PO Box 734 | | Fees due upon application | \$121.28 |
| City/State/ZIP:Oregon City, Orego | n 97045 | Amount received | |
| Phone:(503) 557-9050 | Fax:(503) 557-9268 | Date received: | ···· |
| CCB lic.:98140 | | This permit application | n expires if a permit is not obtained |
| Authorized signature: | weekt | within 180 days after | it has been accepted as complete |

Date:

10/28/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



Print pame:

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

| | | OFFIC | E USE ONLY | |
|----------------|------|-------|--------------------|-----|
| Date Received: | | 1 | Permit Ne 2019 - 4 | 962 |
| Date issued: | 1/21 | 12019 | QU_ | |
| | | | Payment Type: | |

| New construction | O R E G O N | General Information (503) 526-2222 BeavertonOregon.gov | Payment Type: | |
|--|--|---|--|-----------------------------------|
| New construction | | | REQUIRED DATA: 1- AND 2-FAMILY DWELI | LING |
| Conservation Category or Construction Category or Category o | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| CATEGORY OF CONSTRUCTION 1- and 2-tamily dewilling | | | materials, labor, overhead, and the profit for the work indicate | |
| □ 1-anu 2-fornity dwalling □ Accessory hilding □ Accessory □ Acce | The second secon | | | |
| Maulis-family | ☐ 1- and 2-family dwelling | ← Commercial/industrial Commercial/indu | | |
| Total number of floors: | Accessory building | ☐ Multi-family | | |
| New dwelling area: square feet | ☐ Master builder | ☐ Other: | | |
| Job alte address: \$4 DS SW Creeks for | JOB SITE INF | ORMATION AND LOCATION | | |
| Covered prich area: square feet Suited by Action 10 jb after Suited for the control of jb after REQUEST Control of the control of jb after in the control of jb af | Job site address: 8605 Sw | Creeksing | | |
| Dock area: square feet Cross street/directions to job site: SUM HALL BLAND Subdivision: Lot no: DESCRIPTION OF WORK KUCKON (Crear of area) and a splication of work indicated on the value of the work indicated on this application. Tax mappiaroul no: DESCRIPTION OF WORK KUCKON (Crear of area) and a splication. Valuation 1/2 1/2 500. CO Existing building area: Z) 270 square feet Now building ar | | | | |
| Cross street/directions to job site: SUP HALL BLVD Subdivision: Tax mapparcot no.: DESCRIPTION OF WORK **REQUIRED DATA: COMMERCIAL USE CHECKLIST* Permit feest are based on the value of the work performed, indicate the value of the work performed. Indicate the value of the value of the work performed. Indicate the val | Suita/bldg /apt no : - Ch ten | Project name: 2kt. lab5 | | |
| REQUIRED DATA: COMMERCIAL-USE CHECKLIST Subdivision: Lot no: DESCRIPTION OF WORK REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit counted to the new of performed inductate the varies of laid of all equipment, materials, labor, overhead, and the profit for the work indicated on this application for work indicated on this application. Valuation 13 4 5 0 0 0 Existing building area: Z1, Z70 square feet Now building area: Z1, Z70 square feet | | | | |
| Subdivision: Lot no.: | SW Hall Rhon | | | over 21 SH September 1 to the wi- |
| Tax map/parcel no: Description of Work | , | | Permit fees* are based on the value of the work perfor | rmed. |
| DESCRIPTION OF WORK Rock and Contract of the contract of th | | | Indicate the value (rounded to the nearest dollar) of all | l equipment, |
| Existing building area: Z1, 270 square feet Rew building area: Z1, 270 square feet | | RIPTION OF WORK | this application. | |
| Number of stories: 1-7 Type of construction: Re. Root Address: Same Sabre City/State/ZIP: Phone: Gob - 4/66-1636 Fax E-mall: Object of the applicant of the purision of th | 0 | | | |
| Number of stories: 1-7 Type of construction: Re Ros-1 Address: Same & colors City/State/ZIP: Phone: Gob - 4/66-1636 Fax E-mail: Object of the processing | Klozoet CTear | of ever motor) | | |
| Type of construction: Re. Ros-1 Name: ZR+ IabS Address: Scance School City/State/ZIP: Phone: GOB - 4/60-1636 Fax: E-mail: Obush neth APPLICANT Business name: Corin Pfte Address: 13021 Sc Dance Contractor City/State/ZIP: Phone: SOB - 4/60 (Old) Fax: E-mail: Corin Pfte Address: 13021 Sc Dance Contractor Contractor and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: Business name: Progressive Rashing Address: 23 N 35 th Out Sobre Contractor Business name: Progressive Rashing Address: 23 N 35 th Out Sobre So | to commercia | 1 Species | New building area: 21, 276 square fee | #t |
| Name: ZR+ 1ab5 Address: Scane S about Existing: City/State/ZIP: New: NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction are required to be licensed with the Oregon Construction are required to be licensed with the Oregon Construction are required to be licensed with the Oregon Construction are required to be licensed with the Oregon Construction are required to be licensed with the Oregon Construction are required to be licensed with the Oregon Construction are required to be licensed with the Oregon Construction and subcontractors are required to be licensed with the Oregon Construction are required to be licensed with the Oregon Construction and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructor and subcontractors are required to be licensed with the Oregon Constructors and subcontractors and subcontractors are required | | | Number of stories: 1 - 7 | |
| Address: Same as about Existing: Phone: 503 - 4160-1636 Fax: E-mail: Obush not Fax: Contact name: Certa Pita Address: 13021 St David Contractor Fax E-mail: Contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the Jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: Existing: New: NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the Jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: City/State/ZIP: Phone: 503 + 436 (0000) Fax: Building Permit FEES* Please refer to fee schedule Fees due upon application //874.01 Amount received Date received: This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete within 180 days after it has been accepted as complete. | | ☐ TENANT | Type of construction: Re Root | |
| City/State/ZIP: Phone: 508 - 4/60-1636 Fax: Phone: 508 - 4/60-1636 Fax: Business pame: Contact name: Ceria Pfile City/State/ZIP: Phone: 503 - 436 6000 Fax: E-mail: Contractors Business name: Progressie Rashus City/State/ZIP: Phoenix AZ 85009 Phone: 503 436 600 Fax: City/State/ZIP: Phoenix AZ 85009 Phone: 503 436 600 Fax: Cotter in the progressia Rashus Address: 23 N, 35 th Day City/State/ZIP: Phoenix AZ 85009 Phone: 503 436 600 Fax: CCB lic: 1803 436 600 Fax: This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete | | | Occupancy groups: N JA | |
| Phone: 503 - 4166-16 36 Fax: E-mail: Obush net Grontact person Business pame: Contact name: Certa Pita Address: 13021 56 David Crirole City/State/ZIP: Phone: 503 - 4316 (60160) Fax: E-mail: Contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: City/State/ZIP: Phone: 503 - 4316 (60160) Fax: E-mail: Contractors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors and subcontractors are required to be licensed with the Oregon Constructors are required to be licensed to the | oathe w | abore | Existing: | |
| E-mail: Δελωδιασή Specific | | . 1_ | New; | |
| All contractors and supcontractors are required to be licensed will the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: Contact name: Certic Potto Address: 13021 Sc Devic Consequence of the policy o | | 6 Fax: | NOTICE | |
| may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: Address: 1302156 Device Cyrole City/State/ZIP: Phone: 503-436-6060 Fax: E-mail: Corin, Pike O proc ressive commendation Contractor Business name: Progressive Rosting Address: 23 N, 35th Device Cyrole City/State/ZIP: Phoenix A7 85059 Phone: 503 436-6060 Fax: CCB lic: AST 85059 This permit application expires if a permit is not obtained within 180 days after it has been accented as complete | | MACONTACT DEDSON | All contractors and subcontractors are required to be li | icensed with |
| Contact name: Ceric Pite Address: 13021 Sc Devyl C Circle City/State/ZIP: Phone: 503 + 43 (Colled Fax: E-mail: Cerin Pike processive Restance Contradetor Business name: Progressive Restance Address: 23 N 35 th Out Screen City/State/ZIP: Phoenix B2 85009 Phone: 503 43 to - 600 Fax: CCB lic: 1503 43 to - 600 Fax: This permit application expires if a permit is not obtained within 180 days after if has been accented as complete | The state of the s | 50 competices | may be required to be licensed in the jurisdiction in wh | ich work is |
| Address: 13021 SE Dewic Correle City/State/ZIP: Phone: 503 - 43 (n (00 pc) Fax: E-mail: Correle CONTRACTOR Business name: Progressive Restring Address: 23 n, 35 th name City/State/ZIP: Phoenix AZ 8500 g Phone: 503 43 to 1600 Fax: CCB lic.: 150 83 th name CCB lic.: 150 83 th name This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete | | | following reasons apply: | ang, are |
| City/State/ZIP: Phone: 503 - 43 (n (60 (n 60 (n | Leria Piro | | | |
| Phone: 503-4310-60100 Fax: E-mail: Corin. Pike & proceeds two trees to fee schedule Business name: Progressive Rashing Address: 23 N. 35 th Day City/State/ZIP: Phoenix - A2 85009 Phone: 503) 4310-1600 Fax: CCB lic: 180-687 This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete | 15061 28 08 | vic circle | <u> </u> | • |
| E-mail: @ or in . (ka @ proc ne 35 Vo (1) Com CONTRACTOR Business name: Prognes Sive. Reading Address: 23 N. 35 th Day City/State/ZIP: Phoenix - AZ 85009 Phone: (503) 4310-1600 Fax: CCB lic.: This permit application expires if a permit is not obtained within 180 days after if has been accepted as complete | | Fax | - | |
| Business name: Progres Sive. Roofing Address: 23 N. 35 th Amount received Phone: (503) 436-606 Fax: CCB lic.: CCB lic.: This permit application expires if a permit is not obtained within 180 days after if has been accented as complete | | | | ٧. |
| Business name: Progressive Roofing Address: 23 N, 35 th Augustian Amount received Phone: (503) 436-606 Fax: CCB lic.: 189 days after it has been accepted as complete within 180 days after it has been accepted as complete | | 。\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$ | BUILDING PERMIT FEES* | |
| Address: 23 N, 35 th Amount received City/State/ZIP: Phoenix - A2 8500 g Phone: (503) 4310 - 16 00 Fax: CCB lic: 189 days after if has been accepted as complete | Rusinger name: Q | 0 5 | [] | |
| City/State/ZIP: Phoenix - AZ 85069 Phone: (503) 4310-1600 Fax: CCB lic.: OST 87 | 1 / G// Nes 5 / C | e Kooting | Fees due upon application 1,874 | 7.01 |
| Phone: (503) 4310 - 1600 Fax: CCB lic.: Date received: Date received: | 01/01/12/12/12 | · A7 05/09 | | |
| CCB lic.: This permit application expires if a permit is not obtained within 180 days after if has been accepted as complete | 11/2011 | , , , , , , , , , , , , , , , , , , , | Date received: | |
| within 180 days after it has been accented as complete | | <u> </u> | This permit application expires if a permit is not | obtained |
| signature: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Authorized 0 | | within 180 days after it has been accepted as c | omplete |

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

(Aprilied



Print name: Spott

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

| OFF | ICE USE ONLY |
|------------------------------|------------------------|
| Date Received: | Permit No.: 82019-4097 |
| Date Issued: - 2 - 9 | By: HL |
| | Payment Type: V156 |

| O R E G O N CONC | BeavertonOregon.gov | Payment Type: VIS6 | |
|--|-------------------------|---|-------------|
| TYPE O | of Work | REQUIRED DATA: 1- AND 2-FAMILY DWELLING | |
| ☐ New construction | Demolition | Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equip | nment |
| Addition/alteration/replacement | Other: | materials, labor, overhead, and the profit for the work indica | ted on |
| <u> </u> | CONSTRUCTION | this application. Valuation /0,000 | |
| and 2-family dwelling | ☐ Commercial/industrial | Number. of bedrooms: | |
| ☐ Accessory building | ☐ Multi-family | Number of bathrooms: | |
| ☐ Master builder | Olher: | | |
| | TION AND LOCATION | Total number of floors: | |
| Job site address: / 0 (95 < 1,) | 15200 Ano. | New dwelling area: square feet | |
| City/State/ZIP: D. D. A. L. D. C. L. D. L. D. C. L. D. L. D. C. L. D. L. D. L. D. C. L. D. L. D. L. D. L. D. L. | Or 97007 | Garage/carport area: square feet | |
| Suite/bldg./apt. no.: | Project name: | Covered porch area: square feet | |
| Cross street/directions to job site: | | Deck area: square feet | |
| Wein 4 15. | z rgl | Other structure area: square feet | |
| Ven + 10 | 3 - | REQUIRED DATA: COMMERCIAL-USE CHECKLIS | |
| Subdivision: | Lot no.: | Permit fees* are based on the value of the work performed. indicate the value (rounded to the nearest dollar) of all equi | pment |
| Tax map/parcel no.: | | materials, labor, overhead, and the profit for the work Indication. | ited or |
| Refetter DESCRIPTION | ON OF WORK | Valuation | |
| Kutcher K | on peld | Existing building area: square feet | |
| 1 guille 1 | | New building area: square feet | |
| | | Number of stories: | |
| PROPERTY OWNER | ☐ TENANT | Type of construction: | |
| Name: (un Here 1 | 1º Carley | Occupancy groups: | |
| Address: 10135 St. 4 | 153 d Aul | Existing: | |
| City/State/ZIP: Beaueritas | Or 97007 | New: | |
| Phone: 503-442-7099 | Fax: | NOTICE | |
| E-mail: CMCCaerli | e yahoo com | All contractors and subcontractors are required to be licens | ed wit |
| ☐ APPLICANT | ℓ □ CONTACT PERSON | the Oregon Construction Contractors Board under ORS 70 may be required to be licensed in the jurisdiction in which w | 1 and |
| Business name: | ·. | being performed. If the applicant is exempt from licensing, to following reasons apply: | the |
| Contact name: | | Uniowing teasons apply. | |
| Address: | | | |
| City/State/ZiP: | | | |
| Phone: | Fax: | | |
| E-mail: | | | Trans. |
| CONTR | ACTOR | BUILDING PERMIT FEES* | 411 |
| Business name: Minerva | (mstruction 1 | Please refer to fee schedule | |
| Address: 3605 SW | Carkett auc | Fees due upon application | |
| City/State/ZIP: Portland | , Ch. 97239 | Amount received | |
| Phone: | Fax: | Date received: | |
| CCB IIc.: 235783 | | This permit application expires if a permit is not obtain | ained |
| Authorized slaneture: | land of the | within 180 days after it has been accepted as comp | ılete |

Date: // -/2 - /

* Fee methodology set by Tri-County Building Industry Service Board



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

| OFFICE USE ONLY | | | |
|-------------------------|-------------------------|--|--|
| Date Received: | Permit No. 30 19 - 4867 | | |
| Date Issued: 11 24 2016 | B)/ | | |
| | Payment Type: | | |

| New construction Addition/alteration/replacement CATEGORY OF 1- and 2-family dwelling Accessory building Master builder JOB SITE INFORMA | Demolition Other: CONSTRUCTION Commercial/industrial Multi-family Other: TION AND LOCATION DENNY LOCATION |
|---|--|
| Addition/alteration/replacement CATEGORY OF 1- and 2-family dwelling Accessory building Master builder JOB SITE INFORMA o site address: | Other: CONSTRUCTION CONSTRUCTION CONSTRUCTION CONSTRUCTION Multi-family Other: TION AND LOCATION CONSTRUCTION CONSTRUCT |
| CATEGORY OF 1- and 2-family dwelling Accessory building Master builder JOB SITE INFORMA o site address: JOTSO SU | CONSTRUCTION Commercial/industrial Multi-family Other: TION AND LOCATION |
| 1- and 2-family dwelling Accessory building Master builder JOB SITE INFORMA o site address: | Commercial/industrial Multi-family Other: TION AND LOCATION (2) 2 m/4 |
| Accessory building Master builder JOB SITE INFORMA o site address: JO750 Su | ☐ Multi-family ☐ Other: TION AND LOCATION (2) Enrice |
| Master builder JOB SITE INFORMA o site address: JO 750 Su | TION AND LOCATION (1) Enny 61 |
| JOB SITE INFORMA | TION AND LOCATION 2 DENOG P1 |
| site address: 10750 Su | DENNG Pl |
| | Dinny fd |
| 1 | |
| | OR 97008 |
| ite/bldg./apt. no.: | OR 97008 Project name: Tillimook CountryShip |
| oss street/directions to job site: | |
| | |
| | |
| bdivision: | Lot no.: |
| x map/parcel no.: | |
| DESCRIPTIO | DETECTORS TO PIE ALAM |
| me: dress: | |
| y/State/ZIP: | |
| one; | Fax: |
| mail: | |
| APPLICANT | ☐ CONTACT PERSON |
| | SERVICES |
| | Servit |
| CAVIN TIPPE | i dr |
| | |
| |)R 97005 |
| y/State/ZIP: REAUEITON E | |
| y/State/ZIP: REAUE/Ton Cone: 503 590 3730 | Fax: 303 628 62/9 |
| y/State/ZIP: REAUEITON C | Fax: 303 628 6214 Com |
| v/State/ZIP: REAUE/Ton Cone: 503 590 3730 mail: Phypis D FPS NW - CONTRA | Fax: 303 628 6219 COM ACTOR |
| y/State/ZIP: REAUE/Ton Cone: 403 590 3730 mail: Phipps @ FPS NW - CONTRA contra siness name: Fire Protection | Fax: 303 628 6214 COM ACTOR SENUICSS |
| y/State/ZIP: REAUE/Ton Cone: 63 590 3730 mail: Phipps & FPS NW - CONTRA contra siness name: First Protection dress: 9950 Sw Ave | Fax: 303 608 6014 COM ACTOR SEIVICSS TIC JU |
| y/State/ZIP: REAUE/Ton Cone: 403 590 3730 mail: Phipps D FPS NW - CONTRA siness name: Fire Protection dress: 9950 SW AVE y/State/ZIP: BENUE Ton OR | Fax: 303 628 6214 COM ACTOR SENUTCSS TIC JU C 97005 |
| y/State/ZIP: REAVE / Ton Cone: 63 590 3730 mail: Phips & FPS NW - CONTRA contra siness name: First Protection dress: 9950 Sw Ave y/State/ZIP: BENISTON DR one: 503 590 3730 | Fax: 303 628 6214 COM ACTOR SEIVICSS TIE JU 2 97005 |
| y/State/ZIP: REAUE/Ton Cone: 403 590 3730 mail: Phipps D FPS NW - CONTRA siness name: Fire Protection dress: 9950 SW AVE y/State/ZIP: BENUE Ton OR | Fax: 303 628 6214 COM ACTOR SENUTCSS TIC JU C 97005 |

| Payment Type. | |
|--|--|
| REQUIRED DATA: 1- AND 2-FAN | ILY DWELLING |
| Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit for this application. | work performed. dollar) of all equipment, |
| Valuation State | |
| Number, of bedrooms: | |
| Number of bathrooms: | |
| Total number of floors: | |
| New dwelling area: | square feet |
| Garage/carport area: | square feet |
| Covered porch area: | square feet |
| Deck area: | square feet |
| Other structure area: | square feet |
| REQUIRED DATA: COMMERCIAL | And the second s |
| Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit of this application. | dollar) of all equipment, |
| Valuation 875.00 | |
| Existing building area: | square feet |
| New building area: | square feet |
| Number of stories: | |
| Type of construction: | |
| Occupancy groups: | |
| Existing: | |
| New: | |
| NOTICE | |
| All contractors and subcontractors are rec the Oregon Construction Contractors Boa may be required to be licensed in the juris being performed. If the applicant is exemp following reasons apply: | rd under ORS 701 and ediction in which work is |
| | |
| , | |
| _ | |
| BUILDING PERMIT | |
| Please refer to fee sci | hedule 1/2 |
| Fees due upon application | 116, 4- |
| Amount received | |
| Date received: | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

| OFFICE | USE ONLY |
|----------------------------|---------------|
| Date Received: 11/1/2/2019 | |
| Date Issued: 1 (12112019 | ₽¢.∕~ |
| CITY OF BÉAVERTO | Payment Type: |

| | Principality of the second of | | DING DIVISION REQUIRED DATA: 1- AND 2-FA | MILY DWELLING |
|--|--|---------------|--|---|
| TYPE OF | | ┨┝ | Permit fees' are based on the value of the | ne work performed. |
| ☐ New construction | ☐ Demolition | | Indicate the value (rounded to the neare materials, labor, overhead, and the profit | et dollar) of all equipment. |
| ☑ Addition/alteration/replacement | Other: | ┨ | this application. | |
| CATEGORY OF | The second section of the second section is a second section of the second section sec | 4 | Valuation | \$1,500.00 |
| | ☐ Commercial/Industrial | ┦ [| Number, of bedrooms: | |
| ☐ Accessory building | Multi-family | - | Number of bathrooms: | |
| ☐ Master builder | Other: | ↓ [| Total number of floors: | |
| JOB SITE INFORMAT | ION AND LOCATION | 4 | New dwelling area: | square feet |
| Job site address: 2900 SW West Point Ave | | ┨╏ | Garage/carport area: | square feet |
| City/State/ZIP: Beaverton , OR 97225 | | ↓ ↾ | Covered porch area: | square feel |
| Suite/bidg./apt. no.: | Project name: Herbert 33622 | ╛┟ | Deck area: | square feet |
| Cross street/directions to job site: | | | Other structure area: | square feet |
| | | | REQUIRED DATA: COMMERCU | LUSE CHECKLUST |
| Subdivision: | Lot no.: | 1 } | Permit face* are based on the value of | he work performed. |
| Subdivision: | | †] | Indicate the value (rounded to the neare materials, labor, overhead, and the prof | est dollar) of all equipment. |
| Tax map/parcel no.: DESCRIPTIO | N OF WORK | | this application. | |
| | N. OF. WORK | 1 | Valuation | |
| Voluntary Seismic Retrofit | | | Existing building area: | square feet |
| | | | New building area: | square feet |
| - | | 1 | Number of stories: | |
| Z PROPERTY OWNER | CI TENANT | 2 | Type of construction: | |
| Name: Frank Herbert | | ╛ | Occupancy groups: | |
| Address: 2900 SW West Poltn Ave | | ╛╽ | Existing: | |
| city/State/ZIP: Beaverton, OR 97225 | | | New: | |
| Phone: (503) 730-9997 | Fax: | | NOTICE | |
| E-mail: | | _ | All contractors and subcontractors are | required to be licensed with |
| ☑ APPLICANT | CONTACT PERSON | | the Oregon Construction Contractors B | oard under OKS 701 and idsdiction in which Work is |
| Business name: TerraFirma Foundation S | Systems | | being performed. If the applicant is exe following reasons apply: | mpt from licensing, the |
| Contact name: Elenita Ronquillo | | | Todoming Todomo apply? | |
| Address: 13110 SW Wall St | | _ | | |
| City/State/ZIP: Tigard OR 97223 | | | | |
| Phone: (503) 718-4533 | Fax: | | | |
| E-mail: eronquillo@terrafirmafs.com | | | | |
| CONTRA | CTOR | | BUILDING PERMI | Fundamental and Section 200 Control of the Control |
| Business name: TerraFirma Foundation S | Systems | _ | Please refer to fee | scneaule |
| Address: 13110 SW Wall St | | \bot | Fees due upon application | |
| City/State/ZIP: Tigard, OR 97223 | | _ | Amount received | |
| Phone: (971) 205-5235 | Fax: | | Date received: | |
| CCB lic.: 173547 | | | This permit application expires if | a permit is not obtained |
| Authorized signature: Monamilla | 5 | 1 | within 180 days after it has been | accepted as complete |

Fee methodology set by Tri-County Building Industry Service Board

Form 970-1001

APPROVED

Building Permit Application

signature:

Print name:

Nick S Bocchetti

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD

| - | ~ / | | w. | , par | ~ |
|----|------------|-------|----|-------------|---|
| L. | les i | `Less | 11 | <u> 45–</u> | L |

OFFICE USE ONLY

Permit No.: Beaverton, OR 97076 Date Received: Date issued:

| | BeavertonOregon.gov | | | 3 DIVISION | tetic Type. CV | | |
|--|---|--------|--|--|--|--------------|------------------|
| | TYPE OF WORK | DU | | REQUIRED DATA: 1- A | AND 2-FAMILY DWE | LLING | |
| ☐ New construction | ☐ Demolition | | Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment | | ment, | | |
| ☑ Addition/alteration/replacement | ☐ Other: | | materials, labor, overhead, and the profit for the w | | | | ed on |
| CATEGO | DRY OF CONSTRUCTION | | Valuation | | | | |
| 1- and 2-family dwelling | ☑ Commercial/industrial | | Num | ber, of bedrooms: | | | |
| ☐ Accessory building | ☐ Multi-family | | Num | ber of bathrooms: | | | |
| ☐ Master builder | Other: | | Tota | I number of floors: | | | |
| JOB SITE IN | FORMATION AND LOCATION | | | dwelling area: | square f | leet | |
| Job site address: 10750 SW Denne | y RD | | | age/carport area: | square f | | - |
| City/State/ZIP:Beaverton, Oregon | 97008 | | | ered porch area: | square | | |
| Suite/bldg./apt. no.:120 | Project name: Tillamook Country | Smoker | | | square t | | |
| Cross street/directions to job site: Denne | y Rd along west side of 217 | | <u> </u> | k area: | · · · · · · · · · · · · · · · · · · · | | |
| | | | 1 | er structure area: | square i | Section Land | Paris din |
| Subdivision: | Lot no.: | | 2.4290.00000 | EQUIRED DATA: COM | and the second of the second o | | |
| | EO No. | | Indicate | the value (rounded to tals, labor, overhead, and | the nearest dollar) of | all equir | oment, ted on |
| Tax map/parcel no.: | CRIPTION OF WORK | | | olication. | | | |
| | | | Valuation | on | \$ | 25,68 | 35.00 |
| Add pendent heads to new dro heads with new heads (same r | p ceilings and replace existing upright | | Exis | ting building area: | square | feet (| 55000 |
| House that house feether. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | New | /building area: | square : | feet | |
| | | | Nurr | nber of stories: | | | 1 |
| ☐ PROPERTY OWNER | ☑ TENANT | | Туре | e of construction: | Tenant In | nprove | ement |
| Name: Tillamook Country Smoke | er | | Occ | upancy groups: | | | |
| Address: 10750 SW Denney Rd | | | | Existing: | Extra Haza | rd .30 | /2500 |
| City/State/ZIP:Beaverton, Oregon | 97008 | | | New: | Light Haza | rd .10 | /1500 |
| Phone: | Fax: | | dearless av. as | N | IOTICE | | |
| E-mail: | | | All cont | tractors and subcontract | tors are required to b | e licens | ed with |
| ☑ APPLICANT | ☑ CONTACT PERSON | | may be | egon Construction Contr a required to be licensed | d in the jurisdiction in | which w | ork is |
| Business name: Fire One Fire System | ems, INC | | being p | performed, If the applicating reasons apply: | nt is exempt from lice | ensing, ti | he |
| Contact name: Nick Bocchetti | | | | | | | |
| Address: Po Box 734 | · · · · · · · · · · · · · · · · · · · | | | | | | |
| City/State/ZIP:Oregon City, Orego | | | | | | | |
| Phone:(503) 557-9050 | Fax: (503) 557-9268 | | | | | | |
| E-mail:nick@fireone.org | | | 83436 | PIHI DING | PERMIT FEES* | | |
| | CONTRACTOR | | Wester | destroit, it, sold- if an information of the | | <u> </u> | Design Control |
| Business name: Fire One Fire Syst | ems, INC | | | | er to fee schedule | | |
| Address:PO Box 734 | | | | lue upon application | | | |
| City/State/ZIP: Oregon City, Orego | | | | nt received | | | |
| Phone:(503) 557-9050 | Fax:(503) 557-9268 | | Date re | eceived: | | | |
| CCB IIc.:98140 | | | This | s permit application ex | cpires if a permit is | not obta | ined |
| Authorized / | | | wi | thin 180 days after it h | as peen accepted a | s comp | iete |

Date:

10/19/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Jeffrey A. Hopp

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

Phone: (500) 508 2403: Env. (500) 508 2559

| OFFICE USE ONLY | | |
|-----------------|-------------------------|--|
| Date Received: | Permit No B 2019 - 4887 | |
| Date Issued: | | |
| | Payment Type: | |

| OREGON | Phone: (503) 526-2403; Fax: www.BeavertonOregon.gov | | | Payme | ent Type: |
|--|--|---|--|---|---|
| | | | | REQUIRED DATA: 1- A | ND 2-FAMILY DWELLING |
| | TYPE OF WORK | | | Permit fees* are based on the vi | alue of the work performed. |
| ☐ New construction | ☐ Dem | | | Indicate the value (rounded to the nearest dollar) of all ed materials, labor, overhead, and the profit for the work ind | |
| ☑ Addition/alteration/replacement | and the second s | | | this application. | |
| Prakamana Basampajansa | CATEGORY OF CONSTRU | JCTION | | Valuation | |
| 1- and 2-family dwelling | ☐ Com | mercial/industrial | | Number. of bedrooms: | |
| ☐ Accessory building | ☑ Multi | -family | | Number of bathrooms: | |
| Master builder | ☐ Othe | ır: | | Total number of floors: | |
| JC | B SITE INFORMATION AND | LOCATION | | New dwelling area: | square feet |
| Job site address:13360 SW | 17th Street | | | Garage/carport area: | square feet |
| City/State/ZIP:Beaverton, | OR 97008 | | | Covered porch area: | square feet |
| Suite/bldg./apt. no.: | Project | name:Vandehey Fire | Repair | Deck area: | square feet |
| Cross street/directions to job sit | Between SW Valley | Circle and SW Erick | son Ave | | |
| - | • | | | Other structure area: | square feet |
| | | | | | MERCIAL-USE CHECKLIST |
| Subdivision:Channing He | ghts No. 2 Lot no.: | 45 | | Permit fees* are based on the value (rounded to t | he nearest dollar) of all equipment, |
| Tax map/parcel no.:1S121A | B18900 | | | materials, labor, overhead, and this application. | the profit for the work indicated on |
| | DESCRIPTION OF WO | | | Valuation | 70000 |
| Repair/replace fire dar | naged roof framing, so | outh wall framing, so | outh | Existing building area: | 3656 square feet |
| elevated decks, north e as required. Remove a | entry balcony and stall | rs, and interior 11001 oterior finishes, and | fixtures | New building area: | 3656 square feet |
| with like-kind. | na replace windows, i | THOUGH III III III III III III III III III I | | Number of stories: | |
| | | ☐ TENANT | | | |
| PROPERTY (| OWNER | U JENANI | | Type of construction: | |
| Name:Larry Vandehey | | | | Occupancy groups: | R-2 |
| Address:13360 SW 17th | | | | Existing: | |
| City/State/ZIP:Beaverton, | OR 97008 | | | New: | |
| Phone: | Fax: | | | na na manana na mana | OTICE |
| E-mail: | | | | All contractors and subcontrac | tors are required to be licensed with |
| | | CONTACT PERS | 9/50004000000000000000000000000000000000 | the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is | |
| Business name:West Coa | st Forensics, Engineer | ing and Design LLC | > | being performed. If the applica following reasons apply: | nt is exempt from licensing, the |
| Contact name: Jeffrey A H | орр | | | | |
| Address:3835 SW Kelly | Ave, Suite 200 | | | | |
| City/State/ZIP:Portland, C | R 97239 | | | | |
| Phone:(503) 232-5744 | Fax:(5 | 503) 232-5372 | | | |
| E-mail:jeffhopp@wcfore | e.com | | | | |
| | CONTRACTOR | | | BUILDING | PERMIT FEES* |
| Business name: Puroclean | Restoration Services | | | Please refe | er to fee schedule |
| <u> </u> | any Blvd, Suite I-2, PN | | | Fees due upon application | 2,197,20 |
| City/State/ZIP:Portland, C | | | | Amount received | |
| Phone: (503) 545-4866 | Fax: | | | Date received: | |
| CCB lic.:211820 | 1 | | | | |
| | , | | | This permit application ex within 180 days after it h | xpires if a permit is not obtained nas been accepted as complete |
| Authorized | 1. Hom | | | - | |

Date:

11/21/20

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

signature:

Print name:

Community Development Department **Building Division** 12725 SW Millikan Way / P.O Box 4755 Beaverton, OR 97076

Date Received: Date Issued:

| OFFICE | USE ONLY |
|---------|------------------------|
| 22/2019 | Permit No.: B2019-4378 |
| 5-19 | By: ML |
| | Payment Type: VISA |

| W Beaverton | Phone: (503) 526-2493 Fax: (503) 526-2550 | Date Issued: | 11-25-19 | By: ML | |
|--|---|--|---|---|---|
| OREGON | General Information (503) 526-2222 BeavertonOregon.gov | CIT | Y OF BEAVERTO | Payment Type: | |
| | anna sa a san sa ka ka mana mana sa ka sa ka mana mana na mana mana mana sa ka sa ka sa ka sa ka sa ka sa ka s | BL | ALDING BUKERON | - γ - γ - 1, and 2-fan | IILY DWELLING |
| (1) 12 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | TYPE OF WORK | | Permit fees" are based | on the value of the | work penoimea. |
| ☐ New construction | Demolition . | | Indicate the value (roun materials, labor, overhe | ided to the nearest ead, and the profit fr | dollar) of all equipment, or the work indicated on |
| ☑ Addition/alteration/replaceme | TANKAN MENERAL MARKAN MENERAL PENERAL | | this application. | | |
| | CATEGORY OF CONSTRUCTION | 海洲等 | Valuation | | |
| 1- and 2-family dwelling | Commercial/industrial | | Number, of bedroom | 18; | |
| ☐ Accessory building | ☐ Multi-family | | Number of bathroom | 18: | |
| Master builder | Other: | 70.00 (10 | Total number of floor | rs; | , |
| jo | B SITE INFORMATION AND LOCATION | | New dwelling area: | | square feet |
| Job site address: 3900 | SW MERIDIAN ST | | Garage/carport area | | square feet |
| City/State/ZIP: PEAVEZ | ZTON, OR | | Covered porch area: | | square feet |
| Suite/bidg./apt. no.: | Project name: VILLAS PORT | | Deck area: | | square feet |
| Cross street/directions to job site | x. | | Other structure area | | square feet |
| | | | | A: COMMERCIAL | ************************************** |
| | Lot no.; | | Permit fees* are based | on the value of the | work performed. |
| Subdivision: | COUTION | | Indicate the value frour | rded to the nearest | dollar) of all equipment, or the work indicated on |
| Tax map/parcel no.: | DESCRIPTION OF WORK | | this application. | | |
| | SCHOOL SECTION AND ADDRESS OF THE CORP. AND ADDRESS OF A SECTION AND ADDRESS OF THE PROPERTY OF THE PARTY OF | | Valuation \$3,5 | 80,00 | <u></u> |
| STUPIO E-In- | terior Finishes Renovati | on | Existing building are | a: 88195 3 | square feet |
| | | | ' New building area: | 1500 | square feet |
| | • | · l | Number of stories: | 2 | |
| PROPERTY O | WNER I TENANT | | Type of construction | 11A-SP | inklexed. |
| Name: VILLA SPOZ | ET BY LLC | | Occupancy groups: | **** | |
| Address: 150 De | Lican Way | | Existing: (| <u> </u> | |
| City/State/ZIP: Can K | Zatuel CA 94901 | | New: | | *** |
| Phone: 415 448 | 9435 Fax: | - | | NOTICE | |
| E-mail: Rafuel Con | vantes & 150 Pelican.com | | 38365193801940854 | からないのは必要がは異ない。 は | ulred to be licensed with |
| ☐ APPLICAN | T CONTACT PERSON | N | the Oregon Construolic | on Contractors Boar | rd under ORS 701 and |
| | SPORTBY LLC | | being performed. If the | applicant is exemp | diction in which work is It from licensing, the |
| Contact name: Rofnol | Cervantes | | following reasons apply | <u> </u> | |
| Address: 150. Polican | Wall | | | | • |
| City/State/ZIP: Swin R | Feel CA 94901 | | | , | |
| | 604 Fax: | | | _ | • |
| 7 0 1 1 1 | 1 1 | | | | |
| - 1 - 1 - 4 AQI _ CEVAII | #SP/SO #E/iCan+Com contractor | | BU | ILDING PERMIT F | EE8* |
| Business name: 1/1/14 G | FORT III - TOWNER-BULL |)cp | Ple | ese refer to fee sch | edule . |
| Address: 150 Re.1 | | C.L. | Fees due upon applica | ition | \$1,246.44 |
| City/State/ZIP: SAM | ICAN WAY RAFAFI CA 94701 | | Amount received | | |
| | | | Date received: | | |
| | 6435 Fex: | | | | F-1 |
| CCB lic.: | | | This permit applica within 180 days a | ation expires if a p ifter it has been ac | permit is not obtained ecepted as complete |
| 23170012947 CM | | | | | |

Fee methodology set by Tri-County Building Industry Service Board

Form R70-1001

CCB lic.: 13494

Michael Holman

Authorized signature:

Print name:

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 Beaverton Oregon.ge RECEIVED

OFFICE USE ONLY

Permit No.: B2019-4517 Date Received 0/31/2019 Date Issued: 11 - 25 - 19 Payment Type:

CITY OF BEAVERTON

| | Bodvorton orogong | RUI | LDING DIVISION | entropy and the same of the sa | | |
|--|---|----------|---|--|--|--|
| TYPE OF | | | REQUIRED DATA: 1- AND 2-FAMIL | | | |
| □ New construction □ Demolition | | | Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. | | | |
| ☐ Addition/alteration/replacement | Addition/alteration/replacement | | | | | |
| CATEGORY OF (| CONSTRUCTION | | Valuation | | | |
| ☐ 1- and 2-family dwelling | ☑ Commercial/industrial | | Number, of bedrooms: | | | |
| ☐ Accessory building | ☐ Multi-family | _ | Number of bathrooms: | | | |
| ☐ Master builder ☐ Other: | | | Total number of floors: | | | |
| JOB SITE INFORMAT | ON AND LOCATION | | New dwelling area: | square feet | | |
| Job site address: 12825 SW 1st St | | _ | Garage/carport area: | square feet | | |
| City/State/ZIP: Beaverton Oregon 97005 | 1.1111111111111111111111111111111111111 | _ | | square feet | | |
| Suite/bldg./apt. no.: | Project name: dulcederm projecting sig | n | | square feet | | |
| Cross street/directions to job site: SW 1st St and | d Main Ave | | | square feet | | |
| | | | REQUIRED DATA: COMMERCIAL-U | | | |
| Subdivision: | Lot no.: | | Permit fees* are based on the value of the w | vork performed. | | |
| Tax map/parcel no.: | | \dashv | Indicate the value (rounded to the nearest do materials, labor, overhead, and the profit for | ollar) of all equipment, the work indicated on | | |
| DESCRIPTION | i of Work | | this application. | | | |
| Installation of a new projecting sign or | an existing awning | | Valuation | | | |
| moralization of a non-projecting sign of | | | | square feet | | |
| | | | New building area: square feet | | | |
| | | | Number of stories: | | | |
| PROPERTY OWNER | ☑ TENANT | | Type of construction: | | | |
| Name: Tamara Sullivan | | _ | Occupancy groups: | | | |
| Address: 12825 SW 1st St. | | _ | Existing: | | | |
| City/State/ZIP: Beaverton Oregon 97005 | | _ | New: | | | |
| Phone: (503) 482-9465 | Fax: | _ | NOTICE | | | |
| E-mail: tamara@dulcederm.com | | _ | All contractors and subcontractors are requi | red to be licensed with | | |
| □ APPLICANT | CONTACT PERSON | - 5.1.1 | the Oregon Construction Contractors Board may be required to be licensed in the jurisdie | ction in which work is | | |
| Business name: Beaverton Signs | | \dashv | being performed. If the applicant is exempt following reasons apply: | from licensing, the | | |
| Contact name: Michael Holman | | _ | | | | |
| Address: 3899 SW Hall Blvd | | _ | | | | |
| City/State/ZIP: Beaverton, OR 97005 | | | | | | |
| Phone: (503) 672-9037 | Fax: | \dashv | | | | |
| E-mail: mike@beavertonsigns.com | | 333 | BUILDING PERMIT FE | ES* | | |
| CONTRA | CTOR | | Please refer to fee sched | management and any area | | |
| Business name: Same | | _ | | | | |
| Address: | | _ | Fees due upon application | | | |
| City/State/ZIP: | I | _ | Amount received | | | |
| Phone: | Fax: | - | Date received: | | | |

Date:

10/31/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

| OFFIC | E USE ONLY |
|-------------------------|------------------------|
| Date Received: 11-25-19 | Permit No.: B2019-4913 |
| Date Issued: 11-25-19 | By: ML |
| | Payment Type: Challe |

| | BeavenonOregon.gov | |
|--------------------------------------|---------------------------------------|----------------------------------|
| TV | PE OF WORK | REQU |
| ☐ New construction | ☐ Demolition | Permit fees* : Indicate the v |
| Addition/alteration/replacement | ☐ Other: | materials, lab |
| CATEGOR | Y OF CONSTRUCTION | Valuation |
| 1- and 2-family dwelling | ☐ Commercial/industrial | Number. o |
| ☐ Accessory building | ☐ Multi-family | Number of |
| ☐ Master builder | ☐ Other: | Total num |
| JOB SITE INFO | DRMATION AND LOCATION | New dwel |
| Job site address: 2155 | NW 173rd Ave | |
| City/State/ZIP: Begu | | Garage/ca |
| Suite/bldg./apt, no.: | Project name: | Covered p |
| Cross street/directions to job site: | | Deck area |
| | • | Other stru |
| | · · · · · · · · · · · · · · · · · · · | REQUI |
| Subdivision: | Lot no.: | Permit fees* Indicate the v |
| Tax map/parcel no.: | | materials, lab |
| DESCI | RIPTION OF WORK | Valuation |
| COMPLETION OF | EXPIRED SHELL | Existing b |
| DUILDING BO | E EXPIRED SHELL 1004-5007 | New build |
| | | Number o |
| PROPERTY OWNER | ☐ TENANT | Type of co |
| | Mirlaghi | |
| Address: ZISS Nu | | Occupano |
| City/State/ZIP: Scaveril | | Existi |
| Phone: 503-531-95 | | New: |
| E-mail: 50 3-5 5(- 17) | 70 | |
| ☐ APPLICANT | ☐ CONTACT PERSON | All contractor the Oregon C |
| Business name: | | may be requi |
| | MHCR | following reas |
| | 7,01-01- | |
| Address: | | |
| City/State/ZIP: | Four | |
| Phone: | Fax: | |
| E-mail: | N-200 | |
| | INTRACTOR | |
| Business name: ROBBAT HAR | LES COPST. | Fees due up |
| Address: | | |
| City/State/ZIP: | | Amount recei |
| Phone: 503 · 3/8 ~ 1867 | Fax: | Date received |
| CCB lic.: 200289 | <u> </u> | This perm |
| Authorized signature: | | within 18 |
| Print name: Mar HA 1120 | 270 1 A-Q' Date: 1112 5718 | * Fee met |

| REQUIRED DATA: 1- AND | 2-FAMILY DWELLING |
|---|--|
| Permit fees* are based on the value Indicate the value (rounded to the n materials, labor, overhead, and the this application. | earest dollar) of all equipment, |
| Valuation | |
| Number, of bedrooms: | |
| Number of bathrooms: | |
| Total number of floors: | |
| New dwelling area: | square feet |
| Garage/carport area: | square feet |
| Covered porch area: | square feet |
| Deck area: | square feet |
| Other structure area: | square feet |
| REQUIRED DATA: COMME | en a commendate de la faction de management de la commendate de la faction de la f |
| Permit fees* are based on the value indicate the value (rounded to the n materials, labor, overhead, and the this application. | earest dollar) of all equipment, |
| Valuation | |
| Existing building area: | square feet |
| New building area: | square feet |
| Number of stories: | |
| Type of construction: | |
| Occupancy groups: | • |
| Existing: | |
| New: | |
| NOTIC | 注 |
| All contractors and subcontractors a the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply: | rs Board under ORS 701 and ne jurisdiction in which work is |
| | |
| BUILDING PER | MIT FEES* |
| Please refer to f | |
| Fees due upon application | \$160.00 |
| Amount received | |
| Date received: | , |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



signature:

Print name:

Craig F. Murray

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

| OFFICE USE ONLY | | |
|---------------------------|------------------------|--|
| Date Received: 11/25/2019 | Permit No.: B2019-4907 | |
| Date Issued: 11-210-19 | By: 1UL | |
| | Payment Type: MC | |

| www.BeavertonOregon.gov/bib | | | |
|---|---------------------------------------|--|--|
| TY | PE OF WORK | | |
| ☐ New construction | ☐ Demolition | | |
| ☐ Addition/alteration/replacement | Other: | | |
| CATEGOR | Y OF CONSTRUCTION | | |
| ☐ 1- and 2-family dwelling | ☐ Commercial/industrial | | |
| ☐ Accessory building | uilding | | |
| ☐ Master builder | ☐ other: Remove wall add new beam | | |
| JOB SITE INFO | DRMATION AND LOCATION | | |
| Job site address: 6985 SW 162nd Pla | ace | | |
| City/State/ZIP: Beaverton, OR. 9700 |)7 | | |
| Suite/bldg./apt. no.: | Project name: Craig Murray Home Addin | | |
| Cross street/directions to job site: SW 160 | th Avenue and Burntwood Way | | |
| Subdivision: Burntwood | Lot no.: 60 | | |
| Tax map/parcel no.: Tax map: 1S120 | BC-02800/Parcel no. R117494 | | |
| | RIPTION OF WORK | | |
| ☐ PROPERTY OWNER | TENANT | | |
| | | | |
| Name: Craig E. Murray Address: 6985 SW 162nd Place | | | |
| | 0.7 | | |
| city/state/ZIP: Beaverton, OR. 9700 | Fax: | | |
| Phone: 503-709-4125 | rax. | | |
| E-mail: cmurray@rmff.com | CONTACT PERSON | | |
| ☐ APPLICANT | | | |
| Business name: | | | |
| Contact name: Craig E. Murray | | | |
| Address: 6985 SW 162nd Place | 0.7 | | |
| city/State/ZIP: Beaverton, OR. 970 | | | |
| Phone: 503-709-4125 | Fax: | | |
| E-mall: cmurray@rmff.com | | | |
| | ONTRACTOR | | |
| Business name: Rob's Home Impro | vement Co. | | |
| Address: 15385 SW Thames | | | |
| City/State/ZIP: Tigard, OR. 97224 | F00 740 4450 | | |
| Phone: 503-349-6332 | Fax: 503-746-4459 | | |
| CCB lic.: 79617 | | | |
| Authorized | | | |

Date:

11-24-19

| Taymon | 300. /0[|
|---|--|
| REQUIRED DATA: 1- AND 2 | 2-FAMILY DWELLING |
| Permit fees* are based on the value Indicate the value (rounded to the ne materials, labor, overhead, and the pathis application. | earest dollar) of all equipment, profit for the work indicated on |
| Valuation | \$3,500.00 |
| Number. of bedrooms: | 3 |
| Number of bathrooms: | 2.252 |
| Total number of floors: | 2 |
| New dwelling area; | square feet |
| Garage/carport area: | square feet |
| Covered porch area: | square feet |
| Deck area: | square feet |
| Other structure area: | square feet |
| REQUIRED DATA: COMMER | RCIAL-USE CHECKLIST |
| Permit fees* are based on the value Indicate the value (rounded to the n materials, labor, overhead, and the this application. | earest dollar) of all equipment, |
| Valuation | |
| Existing building area: | square feet |
| New building area: | square feet |
| Number of stories: | |
| Type of construction: | |
| Occupancy groups: | |
| Existing: | |
| New: | |
| NOTE | CE |
| All contractors and subcontractors the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply: | rs Board under ORS 701 and he jurisdiction in which work is |
| BUILDING PEI Please refer to | |
| Fees due upon application | 40100 |
| Amount received | \$260.97 |
| Date received: | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Authorized signature:

Print name:

CYNDI STOCKS

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 Date Issued:

DECEIVED

OFFICE USE ONLY

Permit No.; B2019-4467 Date Received: 1

| O R E G O N | General Information (503) 526-222 BeavertonOregon.go | , On the best and the second | |
|--|---|--|----------------|
| and the state of the | | BUILDING DIVISION REQUIRED DATA: 1: AND 2: FAMILY DWELLING | |
| | TYPE OF WORK | Permit fees* are based on the value of the work performed. | <u> </u> |
| ☑ New construction | ☐ Demolition | Indicate the value (rounded to the nearest dollar) of all equipm materials, labor, overhead, and the profit for the work indicated | ent, d on |
| Addition/alteration/replacement | Other: | this application. | |
| CATEGO | RY OF CONSTRUCTION | Valuation | |
| 1- and 2-family dwelling | ☑ Commercial/industrial | Number. of bedrooms: | |
| Accessory building | ☐ Multi-family | Number of bathrooms: | |
| ☐ Master builder | Olher: | Total number of floors: | |
| JOB SITE INF | FORMATION AND LOCATION | New dwelling area: square feet | |
| Job site address:3205 SW CEDAR I | HILLS BLVD | Garage/carport area: square feet | |
| City/State/ZIP:BEAVERTON OR 97 | | Covered porch area: square feet | |
| Suite/bldg./apt. no.: | Project name: CEDAR HILLS | CROSSIN(Deck area: square feet | |
| Cross street/directions to Job site: SW JEI | NKINS RD | Other structure area: square feet | |
| | | REQUIRED DATA: COMMERCIAL-USE CHECKLIST | (4.50) |
| Out that I am | Lot no.: | Permit fees* are based on the value of the work performed, | MARC. |
| Subdivision: | Lot no | Indicate the value (rounded to the nearest dollar) of all equipm materials, labor, overhead, and the profit for the work indicated | ient, d on |
| Tax map/parcel no.: | CRIPTION OF WORK | this application. | |
| | 。 《新聞歌》的《李明·宋明·宋明·李明·宋明·宋明·宋明·宋明·宋明·宋明·宋明·宋明·宋明· | FLATING \$19,48 | 5.00 |
| INSTALL FREESTANDING SIG TO SIGN PERMIT JUST ISSUE | ON JENKINS FRONTAGE, F | Existing building area: square feet | |
| 10 0/0/4 / E/Will 000 / 1000 | | New building area: square feet | |
| | | Number of stories: | |
| ☑ PROPERTY OWNER | TENANT | Type of construction: | |
| Name: CENTER DEVELOPMEN | TS OREGON II, LLC | Occupancy groups: | |
| Address:1701 SE COLUMBIA RIV | | Existing: | • . |
| City/State/ZiP:VANCOUVER WA 9 | | New: | |
| Phone: | Fax: | NOTICE | |
| E-mail:sgarey@cejohn.com | | All contractors and subcontractors are required to be licensed | with |
| | ☑ CONTACT PERS | ON Construction Confractors Board under ORS 701 a | ลกซ |
| Business name: SECURITY SIGNS, | . INC | may be required to be licensed in the jurisdiction in which work being performed. If the applicant is exempt from licensing, the | 1 13 |
| Contact name: CYNDI STOCKS | p. | following reasons apply: | |
| Address: 2424 SE HOLGATE BLV | /D | · · · · · · · · · · · · · · · · · · · | |
| City/State/ZIP:PORTLAND OR 972 | ······································ | | |
| Phone: (503) 546-7102 | Fax:(503) 230-1861 | | |
| E-mail:permits@securitysigns.co | | | eersee eels oo |
| The second secon | ONTRACTOR: | BUILDING PERMIT FEES! | |
| Business name: SECURITY SIGNS, | INC | Please refer to fee schedule | |
| Address: 2424 SE HOLGATE BLV | | Fees due upon application | |
| City/State/ZiP:PORTLAND OR 972 | ······ | Amount received | |
| Phone: (503) 546-7102 | Fax: (503) 230-1861 | Date received: | |
| CCB lic.:122809 | (100) | This permit application expires if a permit is not obtain | ned |
| 000 NV: 122000 | | This nermit application expires it a pertitit is not obtain | 1 TH |

Date:

10/29/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



| Build | ing Permit Application | 11/24/2019 |
|--|--|--|
| Washington County | Inspection Request 303-846-3699 | / www.co.washington.or.us/piro |
| 155 N. 1 st AV, Suite 350, MS 12, | Hillsboro, OR 97124 , Phone: 503-846-34 | 470 www.co.washington.or.us ${\cal U}$ |
| Land Use Approval: | Hillsboro, OR 97124 Phone: 503-846-34 Project # 1/12/2019 | Permit # B2019-4679 |

| TYPE | OF WORK | CITY OF E |][| REQUIRED DATA: 1- AND 2-FAN | ILY DWELLING | | |
|--|--|---|-----|---|---|--|--|
| ☐ New construction | ☐ Demolition | BUII DINI | | Permit fees are based on the value of the indiale in value (rounded to the nearest | work performed. | | |
| Addition/alteration/replacement | Other: | | 7 | Individe the value (rounded to the nearest equipment, materials, labor, overhead, and | dollar) of all d the profit for the | | |
| CATEGORY C | F CONSTRUCTION | | | work indicated on this application. | | | |
| 1- and 2-family dwelling | Commercial/industrial | | | Valuation | | | |
| Accessory building | ☐ Multi-family | | | Number. of bedrooms: | | | |
| JOB SITE INFORM | IATION AND LOCATION | | | Number of bathrooms: | | | |
| Job site address: 13955 SW Millikan We | ay ' | | 11 | Total number of floors: | | | |
| City/State/ZIP:Beaverton, OR 97005 | | <u>.</u> | | New dwelling area: | square feet | | |
| Suite/bldg./apt, no.: | Project name: Hot Melt I | nstall |] [| Garage/carport area; | square feet | | |
| Cross street/directions to job site: SW 14 | 1st & SW Hocken | | | Covered porch area: | square feet | | |
| | | | | Deck area: | square feet | | |
| Plan No. Reissue | : No 🗌 Yes 🔲 Reissue Proj: | | | Other structure area: | square feet | | |
| Subdivision: | Lot no.; | • | | REQUIRED DATA: COMMERCIAL | -USE CHECKLIST | | |
| Tax map/parcel no.:R2088984 | | | | Permit fees* are based on the value of the | work performed. | | |
| | ION OF WORK | | | Indicate the value (rounded to the nearest equipment, materials, labor, overhead, an | dollar) of all d the profit for the | | |
| Installation of 3 | B Hot Melt machines | | | work indicated on this application. | a dio pront to the | | |
| | | | | Valuation\$20,000 | ·. | | |
| ☐ PROPERTY OWNER | TENA | NT | | Existing building area: | square feet | | |
| Name:Nike | | | | New building area: | square feet | | |
| Address:1 Bowerman Dr | | | | Number of stories: | | | |
| City/State/ZIP:Beaverton, OR 97005 | | | | Type of construction: | | | |
| Phone: Email; | | | | Occupancy groups: | | | |
| ☐ APPLICANT ☐ CONTACT PERSON | | | | Existing: | | | |
| Business name: Nike AIR MI | | | | New: | | | |
| Contact name: Ferdie Williams | | | | NOTICE | | | |
| Address:13955 SW Millikan Way | | | | All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS | | | |
| City/State/ZIP:Beaverton, OR 97005 | | | | 701 and may be required to be licensed in the jurisdiction in | | | |
| Phone:9712260441 | 4 | | | which work is being performed. STATEMENT OF FACT | | | |
| Email: | And the state of t | | | I certify that the facts and information set | forth in this | | |
| CONT | RACTOR | - | | application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact (whether intentional or not) in this application | | | |
| Business name: Omega Morgan | | | _] | | | | |
| Address: 23810 NW Huffman St | | | | or any other required document, as well as any misleading statement or omission, may be cause for revocation of permit | | | |
| City/State/ZIP:Hillsboro, OR 97124 | | | | and/or certificate of occupancy, regardles | | | |
| Phone: | CCB lic.:127213 | | | discovered. I acknowledge that work related to this Building Permit | | | |
| Email: | | | 7 | Application may be subject to regulations | s governing the | | |
| ENGINEER | ARCHITEC | T | | handling, removal and for disposal of asb based paint. If the work is subject to regu | estos and/or lead- lations governing | | |
| Bngineer:VLMK | Architect: | |] | asbestos and/or lead based paint, I will co | | | |
| Address: | Address: | | | regulations. (initials) BUILDING PERMIT I | EEEQ* | | |
| City/State/Zip: | City/State/Zip: | | | Please refer to fee sch | | | |
| Phone: | Phone: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 | Fees due upon application | s043.2 | | |
| Email: | Email: | | 7 | Amount received | \$ | | |
| | 74 | | 1 | Date received: | 1 * | | |
| Authorized signature: | | | Ι. | LAGO TOODIYOU. | | | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

*Fee methodology set by Tri-County Building Industry Service Board

Print name: FERUIT WILLIAMS Date: 11/9/19

Disclaimer: By signing this application, the permit applicant acknowledges and agrees that they have obtained any required permission for the proposed work from the property owner.



New construction

☐ Addition/alteration/replacement

Job site address: 11350 SW CANYON RD City/State/ZIP:BEAVERTON OR 97005

PROPERTY OWNER

APPLICANT ...

CONTRACTOR

CYNDI STOCKS

Address: 2323 NW 23RD AVE #100 City/State/ZIP:PORTLAND OR 97210

E-mail: kyle@edgedevelopment.com

Business name: SECURITY SIGNS, INC

E-mail:permits@securitysigns.com

Business name: SECURITY SIGNS, INC Address: 2424 SE HOLGATE BLVD City/State/ZIP:PORTLAND OR 97202

Contact name: CYNDI STOCKS Address: 2424 SE HOLGATE BLVD City/State/ZIP:PORTLAND OR 97202

Phone: (503) 297-7733

Phone: (503) 546-7102

Phone: (503) 546-7102

CCB lic.: 122809

Authorized signature:

Print name:

1- and 2-family dwelling

☐ Accessory building

☐ Master builder

Suite/bidg./apt. no.:

Tax map/parcel no.:

Subdivision:

EACH

Cross street/directions to job site:

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222 BeavertonOregon.gov

☑ Commercial/industrial

Project name: BEAVERTON COMMER

■ TENANT

CONTACT PERSON

Fax: (503) 230-1861

Fax: (503) 230-1861

Date:

10/28/19

□ Demolition

☐ Multi-family

Other:

Lot no.:

Olher:

TYPE OF WORK

CATEGORY OF CONSTRUCTION

JOB SITE INFORMATION AND LOCATION

DESCRIPTION OF WORK INSTALL (2) ILLUMINATED WALL SIGNS THAT WEIGH OVER 100 LBS

Name: EDGE DEVELOPMENT ELLIOTT INVESTMENTS, LLC

RECEIVED

OFFICE USE ONLY

Date Receive 10 Permit No.: B2019-4459

Date Issued:

BV.

| ND:2-FAMILY DWELLING |
|--|
| ilue of the work performed, e nearest dollar) of all equipment, the profit for the work indicated on |
| |
| A STATE OF THE STA |
| |
| |
| square feet |
| square feet |
| square feet |
| square feet |
| square feet · |
| MERCIAL-USE CHECKLIST |
| ilue of the work performed. e nearest dollar) of all equipment, he profit for the work indicated on |
| \$13,470.00 |
| square feet |
| square feet |
| |
| |
| |
| |
| *** |
| TICE |
| rs are required to be licensed with ctors Board under ORS 701 and a the jurisdiction in which work is is exempt from licensing, the |
| |

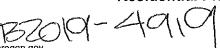
This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

City Of Beaverton

12725 SW Millkan Way
Beaverton, OR 97076
Phone: 503-526-2542
Email: cunderwood@beavertonoregon.gov



Residential Plumbing Authorization To Begin Work 05350-BPB-19-00403

Approval Code: 026420 11/26/2019 6:30 am

E-mailed To: cornel@cornelsplumbing.com

| TYPE | OF WORK |
|---|-----------------------------------|
| New Construction | X Addition/alteration/replacement |
| CATEGORY O | F CONSTRUCTION |
| 1 or 2 family dwelling Multi-fam | illy Commercial Accessory |
| JOB SITE INFORM | ATION AND LOCATION |
| Job Address: 13775 SW BONNIE BRAE C | Т |
| City/State/ZIP: BEAVERTON, OR 97005 | |
| Sulte/bidg./apt.no.: | |
| Project Name: | |
| Cross Street/directions to job site: | |
| Tax map/parcel no.: 1S116CD00605 | |
| DESCRIP | FION OF WORK |
| Bathroom Remodeling, replace tub, replace | tub shower valve |
| | |
| API | PLICANT |
| Name: Corneliu Morariu | aivaiu |
| Phone: 5033179659 | Fax: 5036460941 |
| Email: | |
| | TRACTOR |
| Plumb lic. no.: PB2215 | CCB lic. no.: 226109 |
| Business Name: CORNELS PLUMBING IN | С |
| Contact: | |
| Address: 5235 SW 153RD AVE | |
| City/State/ZIP: BEAVERTON, OR 97007 | |
| Phone: 5036460941 | Fax: |
| Email: CORNELL@CORNELSPLUMBING. | сом |
| Metro IIc. no.: | City lic. no.: |

| pon | review | and | approval | by | your | local | jurisdiction, | your | permit | will | be | e-mailed | or | faxed |
|--------|---------|-------|-------------|------|---------|---------|---------------|--------|----------|------|----|----------|----|-------|
| /ithin | one bus | iness | day, with i | nstr | uctions | s on ho | w to schedule | your l | nspectio | n. | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

| PLAN REVIEW | | | | |
|---|---|--|--|--|
| Please check all that apply: | | Reclair | ned wastev | vater |
| Med gas/vacuum system or health care facility | | | cal drainage nt systems | e waste |
| Vacuum drainage waste and vent system | | Multi-p system | urpose Fire | sprinkler |
| Commercial booster pump | | inside | | |
| Addition of a new motor load Installation of multi-purpose fire sprinkler systems | diameter or nominal pipe si of 2" or more except 2" systems designed/stamped by licensed Oregon engine | | | ept 2" /stamped |
| Wastewater pretreatment system | | | | |
| FEE SC | HEL | ULE | | A CANADA |
| Description | | Qty. | Ea. | Total |
| Fixture or Item | | And the second s | | |
| Tub/shower/shower pan | | 1 | \$20.31 | \$20.31 |
| Minimum Fees | | | A Company of the Comp | A STATE OF THE STA |
| Balance of permit fees | | | | \$76.33 |
| Plumbing Permit Fees | | N and a second at the part of | | |
| Subtotal | | | | \$96.64 |
| State surcharge (12% of permit total) | | | | \$11.60 |
| | | | | |

Rould Stayle



Building Permit Application
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-222V/TDD BeavertonOregon.gov

| OFFICE I | USE ONLY |
|----------------------------|------------------------|
| Date Received: 5 - 23 - 18 | Permit No.: B2018-1232 |
| Date Issued: 11-2.7-19 | By: ML |
| - | Payment Type: Viba |

| | OF WORK |
|--|---|
| New construction | Demolition |
| Addition/alteration/replacement | Other: |
| | F CONSTRUCTION |
| 1- and 2-family dwelling | ☐ Commercial/industrial |
| Accessory building | ☐ Multi-family |
| Master builder | Other: |
| | ATION AND LOCATION |
| Job site address: '7034 SW 156T | |
| City/State/ZIP: PEAVERTON OR. | 97007 |
| Suite/bldg./apt, no.: | Project name: |
| Cross street/directions to job site: | |
| HART + | 19874 |
| Subdivision: | Lot no.: |
| Tax map/parcel no.: | |
| DESCRIPTION | ON OF WORK |
| | |
| ☐ PROPERTY OWNER | ☐ TENANT |
| Name: | TENANT |
| Name: Address: | TENANT |
| Name: Address: City/State/ZIP: | |
| Name: Address: City/State/ZIP: Phone: | |
| Name: Address: City/State/ZIP: Phone: E-mail: | Fax: |
| Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT | Fax: |
| Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT | Fax: |
| Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: NW ABIDENT/ Contact name: PHLIPPE Aba | Fax: |
| Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: NW AUSIDENT/ Contact name: PHLIPF AUA Address: Po BOX 230635 | Fax: GONTACT PERSON CONTACT PERSON |
| Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: NW RESIDENT/ Contact name: PHLIPE AGA Address: Po 9x 230635 City/State/ZIP: T/GARD OR 97 | Fax: CONTACT PERSON ACCURATE DESCRIPTION CONTACT PERSON |
| Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: NW RESIDENT/ Contact name: PIHLIPE AGA Address: Po POX 230635 City/State/ZIP: TIGARD OR 97 Phone: 503 860-2631 | Fax: CONTACT PERSON CONTACT PERSON CONTACT PERSON Fax: |
| Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: NW RESIDENT/ Contact name: PIHLIPE AGA Address: Po Pox 230635 City/State/ZIP: TIGARD OR 97 Phone: 503 860-2631 E-mail: NW-FESIDENTIAL@ on | Fax: CONTACT PERSON CONTACT PERSON Fax: Fax: VHook Com |
| Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: NW RESIDENT/ Contact name: PIHLIPPE AGA Address: Po POX 230635 City/State/ZIP: TIGARD OR 97 Phone: 503 860-2631 E-mail: NW-FESI dentia @ on | Fax: CONTACT PERSON AL MESSE 128 Fax: VHook Com ACTOR |
| Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: NW RESIDENT/ Contact name: PIHLIPE AGA Address: Po Pox 230635 City/State/ZIP: TIGARD OR 97 Phone: 503 860-2631 E-mail: NW-residential@oncontral CONTRA Business name: NW RESIDENTIA | Fax: CONTACT PERSON AL MESSE 128 Fax: VHook Com ACTOR |
| Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: NW RESIDENT/ Contact name: PIHLIPPE AGA Address: Po POX 230635 City/State/ZIP: TIGARD OR 97 Phone: 503 860-2631 E-mail: NW FESIDENTIA CONTRA Business name: NW RESIDENTIA Address: Po BOX 230635 | Fax: CONTACT PERSON MCSSE 128 Fax: VHOOK COM |
| Name: Address: City/State/ZIP: Phone: E-mail: X APPLICANT Business name: NW RESIDENT/ Contact name: PIHLIPPE AGA Address: Po POX 230635 City/State/ZIP: Tlanko on 97 Phone: 503 860-2631 E-mail: NW PESIDENTIA @ on CONTRA Business name: NW RESIDENTIA Address: Po BOX 230635 City/State/ZIP: Tlanko on 97 | Fax: CONTACT PERSON AC ACSSE 728 Fax: VHOOK COM ACTOR AL INC. |
| Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: NW RESIDENT/ Contact name: PIHLIPE AGA Address: Po box 230635 City/State/ZIP: T/GARD OR 97 Phone: 503 860-2631 E-mail: NW-FESIDENT/A CONTRA Business name: NW RESIDENT/A Address: Po box 230635 City/State/ZIP: T/GARD OR 97 Phone: 503 860-2635 | Fax: CONTACT PERSON MCSSE 128 Fax: VHOOK COM |
| Name: Address: City/State/ZIP: Phone: E-mail: X APPLICANT Business name: NW RESIDENT/ Contact name: PIHLIPPE AGA Address: Po POX 230635 City/State/ZIP: TIGARD OR 97 Phone: 503 860-2631 E-mail: NW RESIDENTIA @ ON CONTRA Business name: NW RESIDENTIA Address: Po BOX 230635 City/State/ZIP: TIGARD OR 97 | Fax: CONTACT PERSON AC ACSSE 728 Fax: VHOOK COM ACTOR AL INC. |
| Name: Address: City/State/ZIP: Phone: E-mail: X APPLICANT Business name: NW RESIDENT/ Contact name: PHLIPE AGA Address: Po Box 230635 City/State/ZIP: T/GARD OR 97 Phone: 503 860-2631 E-mail: NW-FESIDENT/ Address: Po Box 230635 City/State/ZIP: T/GARD OR 97 CONTRA Business name: NW RESIDENT/ Address: Po Box 230635 City/State/ZIP: T/GARD OR 97 Phone: 503 860-2631 | Fax: CONTACT PERSON AC ACSSE 728 Fax: VHOOK COM ACTOR AL INC. |

| REQUIRED DATA: 1- ANI | D 2-FAMILY DWELLING |
|---|---|
| Permit fees* are based on the value indicate the value (rounded to the materials, labor, overhead, and the this application. | nearest dollar) of all equipment. |
| Valuation \$16,000 | |
| Number. of bedrooms: | |
| Number of bathrooms: | 1.7 |
| Total number of floors: | |
| New dwelling area: | square feet |
| Garage/carport area: | square feet |
| Covered porch area: | square feet |
| Deck area: | square feet |
| Other structure area: | square feet |
| REQUIRED DATA: COMME | RCIAL-USE CHECKLIST |
| Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application. | nearest dollar) of all equipment, |
| Valuation | |
| Existing building area: | square feet |
| New building area: | square feet |
| Number of stories: | • |
| Type of construction: | |
| Occupancy groups: | |
| Existing: | |
| New: | |
| NOTIO | CE |
| All contractors and subcontractors the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply: | ors Board under ORS 701 and he jurisdiction in which work is |
| | · |
| BUILDING PER | RMIT FEES* |
| Please refer to f | ee schedule |
| Fees due upon application | \$244.14 |
| Amount received | 8244,14 |
| Date received: 5-23- | 18 |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Print name:

Robert Reed

Building Permit Application

Community Development Department, Bullding Division City of Beaverton 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 www.BeavertonOregon.gov/bib

| OFFIC | E USE ONLY |
|-------------------------|---------------------------|
| Date Received: 11-27-19 | Permit No.: B 2019 - 4939 |
| Date Issued: | Ву: |
| | Payment Type: |

| ☐ New construction | | | | | |
|--|--|--|--|--|--|
| | ☐ Demolition | | | | |
| ☐ Addition/alteration/replacement | ☐ Other: | | | | |
| CATEGORY OF CONSTRUCTION | | | | | |
| 1- and 2-family dwelling | ☐ Commercial/industrial | | | | |
| ☐ Accessory building | ☐ Multi-family | | | | |
| ☐ Master builder | ☐ Other: | | | | |
| JOB SITE INFORMA | TION AND LOCATION | | | | |
| Job site address:10425 SW Dunlin. PI | | | | | |
| City/State/ZIP:Beaverton/ Oregon/ 97007 | | | | | |
| Suite/bldg./apt. no.: | Project name: SPINKS | | | | |
| Cross street/directions to job site: SW Murry BLVD to SW TEAL BLVD to SW 152nd ave to SW Hedlund to SW Dunlin Pl. | | | | | |
| subdivision:Millennium Park Lot 4 | Lot no.:1S132AB17400 | | | | |
| Tax map/parcel no.: | | | | | |
| DESCRIPTIO | N OF WORK | | | | |
| ☐ PROPERTY OWNER | ☐ TENANT | | | | |
| Name:Scott Spinks | | | | | |
| Address:10425 SW Dunlin Pl. | | | | | |
| City/State/ZIP:Beaverton, Oregon 97007 | | | | | |
| , | | | | | |
| Phone:503-516-8839 | Fax: | | | | |
| | | | | | |
| Phone: 503-516-8839 | | | | | |
| Phone:503-516-8839 E-mail:scott.spinks42@gmail.com | Fax: | | | | |
| Phone:503-516-8839 E-mail:scott.spinks42@gmail.com | Fax: CONTACT PERSON | | | | |
| Phone: 503-516-8839 E-mail: scott.spinks42@gmail.com Phone: 503-516-8839 E-mail: scott.spinks42@gmail.com Phone: 503-516-8839 E-mail: scott.spinks42@gmail.com Phone: 503-516-8839 | Fax: | | | | |
| Phone:503-516-8839 E-mail:scott.spinks42@gmail.com APPLICANT Business name:Oregon Trail Remodeling Contact name:Robb Reed | Fax: | | | | |
| Phone: 503-516-8839 E-mail: scott, spinks 42@gmail.com APPLICANT Business name: Oregon Trail Remodeling Contact name: Robb Reed Address: PO BOX 241 | Fax: | | | | |
| Phone:503-516-8839 E-mail:scott.spinks42@gmail.com APPLICANT Business name:Oregon Trail Remodeling Contact name:Robb Reed Address:PO BOX 241 City/State/ZIP:West Linn, Oregon 97068 | Fax: | | | | |
| Phone: 503-516-8839 E-mail: scott.spinks42@gmail.com APPLICANT Business name: Oregon Trail Remodeling Contact name: Robb Reed Address: PO BOX 241 City/State/ZIP: West Linn, Oregon 97068 Phone: 503-342-2532 | Fax: CONTACT PERSON Fax: | | | | |
| Phone:503-516-8839 E-mail:scott.spinks42@gmail.com APPLICANT Business name:Oregon Trail Remodeling Contact name:Robb Reed Address:PO BOX 241 City/State/ZIP:West Linn, Oregon 97068 Phone:503-342-2532 E-mail:robb@otremodeling.com | Fax: CONTACT PERSON Fax: | | | | |
| Phone:503-516-8839 E-mail:scott.spinks42@gmail.com APPLICANT Business name:Oregon Trail Remodeling Contact name:Robb Reed Address:PO BOX 241 City/State/ZIP:West Linn, Oregon 97068 Phone:503-342-2532 E-mail:robb@otremodeling.com | Fax: CONTACT PERSON Fax: | | | | |
| Phone:503-516-8839 E-mail:scott.spinks42@gmail.com APPLICANT Business name:Oregon Trail Remodeling Contact name:Robb Reed Address:PO BOX 241 City/State/ZIP:West Linn, Oregon 97068 Phone:503-342-2532 E-mail:robb@otremodeling.com CONTRA Business name:Oregon Trail Remodeling | Fax: CONTACT PERSON Fax: | | | | |
| Phone:503-516-8839 E-mail:scott.spinks42@gmail.com Papelicant Business name:Oregon Trail Remodeling Contact name:Robb Reed Address:PO BOX 241 City/State/ZiP:West Linn, Oregon 97068 Phone:503-342-2532 E-mail:robb@otremodeling.com CONTRA Business name:Oregon Trail Remodeling Address:PO Box 241 | Fax: CONTACT PERSON Fax: Fax: CONTACT PERSON Fax: F | | | | |
| Phone:503-516-8839 E-mail:scott.spinks42@gmail.com Phone:503-516-8839 E-mail:scott.spinks42@gmail.com Phone:503-342-2532 E-mail:robb@otremodeling.com CONTRA Business name:Oregon Trail Remodeling. CONTRA City/State/ZIP:West Linn, Oregon 97068 CONTRA City/State/ZIP:West Linn, Oregon 97068 | Fax: CONTACT PERSON Fax: | | | | |

| Payment Ty | /pe: |
|--|---|
| REQUIRED DATA: 1- AND 2 | FAMILY DWELLING |
| Permit fees* are based on the value of indicate the value (rounded to the nea materials, labor, overhead, and the properties application. | of the work performed, arest dollar) of all equipment, |
| Valuation \$\cdot\\$590 | |
| Number, of bedrooms: | |
| Number of bathrooms: | |
| Total number of floors: | |
| New dwelling area: | square feet |
| Garage/carport area: | square feet |
| Covered porch area: | square feet |
| Deck area: | square feet |
| Other structure area: | square feet |
| REQUIRED DATA: COMMERC | CIAL-USE CHECKLIST |
| Permit fees* are based on the value of Indicate the value (rounded to the nea materials, labor, overhead, and the paths application. | arest dollar) of all equipment, |
| Valuation | |
| Existing building area: | square feet |
| New building area: | square feet |
| Number of stories: | |
| Type of construction: | |
| | |
| Occupancy groups: | |
| Occupancy groups: Existing: | |
| | |
| Existing: | • |
| Existing: | e required to be licensed with Board under ORS 701 and Jurisdiction in which work is |
| Existing: ' New: NOTICE All contractors and subcontractors are the Oregon Construction Contractors may be required to be licensed in the being performed. If the applicant is experience. | e required to be licensed with Board under ORS 701 and jurisdiction in which work is xempt from licensing, the |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

11/25/2019

REV 11/19



Print name:

Casey Archer

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222 V/TDD

| OFFICE USE ONLY | | | | |
|-------------------------|--------------------------|--|--|--|
| Date Received: 11-27-19 | Permit No.: B2019 - 4937 | | | |
| Date Issued: 11-27-19 | By: 1 | | | |
| Payment Type: VISC | | | | |

| | beavertonoregon.gov — | | | | |
|---|-------------------------------|--------------------|--|--|--|
| | TYPE OF WORK | | REQUIRED DATA: 1- A | ND 2-FAMILY DWELLING | |
| ☐ New construction | ☐ Demolition | | Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, | | |
| ☑ Addition/alteration/replacement | Other: | | materials, labor, overhead, and the profit for the work indicated on | | |
| CATEGORY OF CONSTRUCTION | | | this application. | | |
| ☐ 1- and 2-family dwelling | ☑ Commercial/industrial | | | | |
| ☐ Accessory building | ☐ Multi-family | | Number, of bedrooms: | | |
| ☐ Master builder | Other: | | Number of bathrooms: | | |
| JOB SITE INF | FORMATION AND LOCATION | | Total number of floors: | | |
| Job site address: 9800 SW Nimbus | | | New dwelling area: | square feet | |
| City/State/ZIP: Beaverton, OR 97008 | | | Garage/carport area; | square feet | |
| Suite/bldg./apt, no.: | Project name: Nimbus Bathroom | | Covered porch area: | square feet | |
| Cross street/directions to job site: | . Himbae Battirootti | | Deck area: | square feet | |
| · | | | Other structure area: | square feet | |
| | | | REQUIRED DATA: COMM | ERCIAL-USE CHECKLIST | |
| Subdivision: | Lot no.: | | Permit fees* are based on the va | lue of the work performed. | |
| Tax map/parcel no.: | | | Indicate the value (rounded to the materials, labor, overhead, and the | e nearest dollar) of all equipment, se profit for the work indicated on | |
| DESC | RIPTION OF WORK | | this application. | A 100 00 | |
| Install pendent sprinkler heads in bathroom area. | | | Valuation | \$499.00 | |
| | | | Existing building area: | square feet | |
| | | | New building area: | square feet | |
| — 2500-140 | | 200 (194 (194 194) | Number of stories: | 2 | |
| ☐ PROPERTY OWNER | ☐ TENANT | | Type of construction: | | |
| Name: | | | Occupancy groups: | E | |
| Address: | | | Existing: | | |
| City/State/ZIP: | | | New; | | |
| Phone: | Fax: | | NOT | ICE | |
| E-mail: | | | All contractors and subcontractors | are required to be licensed with | |
| ☑ APPLICANT | ☐ CONTACT PERSON | | the Oregon Construction Contract | ors Board under ORS 701 and | |
| Business name: Sound Fire Protection, Inc. | | | may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the | | |
| Contact name: Casey Archer | | | following reasons apply: | | |
| Address: 10772 SE Hwy 212 | | | | | |
| City/State/ZIP: Clackamas, OR 9701 | 5 | | • | | |
| Phone: (503) 655-3775 | Fax: | | | | |
| E-mail: Kc@Soundfirepro.com | | | | | |
| CC | NTRACTOR | | BUILDING PE | RMIT FEES* | |
| Business name: Same | | | Please refer to | fee schedule | |
| Address: | | | Fees due upon application | 592.00 | |
| City/State/ZIP: | | | Amount received | 141000 | |
| Phone: | Fax: | | Date received: | | |
| CCB lic.: 70003 | | L | | | |
| Authorized signature: | | | This permit application expire within 180 days after it has b | | |

Date:

11/20/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

\$499.00

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